

First Steps 2003 Part C Annual Performance Report

Please click an area to review

1. Cluster CI: General Supervision
2. Cluster CII: Comprehensive Public Awareness and Child Find System
3. Cluster CIII: Family Centered Services
4. Cluster CIV: Early Intervention Services in Natural Environments
5. Cluster CV: Early Childhood Transition
6. Attachment 1
 - Dispute Resolution, Complaints, Mediations and Due Process Hearings
7. Attachment 2
 - All Sources of Funding for Early Intervention Services: Identification and Coordination of Resources
8. Appendices to Table 1:
 - [AA Sample Profile Report](#)
 - BB County Child Count Map
 - CC ITCA Ranking for % served <1
 - [DD Outcomes Evaluation Report](#)
 - [EE Cluster SPOE Map](#)

TABLE
Part C Annual Performance Report
Status of Program Performance

Cluster Area CI: General Supervision	
Question:	Is effective general supervision of the implementation of the Individuals with Disabilities Education Act ensured through the Lead Agency's (LA) utilization of mechanisms that result in all eligible infants and toddlers and their families having an opportunity to receive early intervention services in natural environments (EIS in NE)?
Probes:	<p>GS.I Do the general supervision instruments and procedures (including monitoring, complaint and hearing resolution, etc.), used by the LA, identify and correct IDEA noncompliance in a timely manner?</p> <p>GS.II Are systemic issues identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions?</p> <p>GS.III Are complaint investigations, mediations, and due process hearings and reviews completed in a timely manner?</p> <p>GS.IV Are there sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families?</p> <p>GS.V Do State procedures and practices ensure collection and reporting of accurate and timely data?</p>
State Goal: (for reporting period July 1, 2002 through June 30, 2003): All eligible infants and toddlers and their families have an opportunity to receive early intervention services in natural environments as a result of the Lead Agency's use of mechanisms to ensure effective general supervision of the implementation of Indiana's IDEA, Part C System.	
Performance Indicator GS.I: (for reporting period July 1, 2002 through June 30, 2003): Indiana's general supervision procedures identify and correct IDEA noncompliance in a timely manner.	

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell for GS.I.):*

Indiana's general supervision procedures continue to document statewide and county success in meeting IDEA requirements, identify noncompliance issues, and support correction in a timely manner.

The source for much of Indiana's data is our comprehensive early intervention database that includes information entered at the local level at the System Point of Entry, as well as claims payment data. At the state level, quarterly reports are produced and published on the First Steps website that include child count, demographic, service and exit information for each of Indiana's 92 counties and for the State as a whole. These reports provide one monitoring tool that is used by both the State staff and Local Planning and Coordinating Councils (LPCC). The Statewide Profile Report and a county report for the 12 months ending June 30, 2003, are included in Appendix AA. Data from these reports is included as baseline/trend data throughout this report, such as the data in the NE cluster on 45-day timeline(CE.II). This example demonstrates how this information is used to look at progress toward correcting Indiana's noncompliance in this area on a statewide basis. Also demonstrated is Indiana's ability to look at the data from many different perspectives (eg. urban v. rural) and identify individual counties that need additional technical assistance to correct noncompliance in this area.

Indiana's Peer Review process is another general supervision activity conducted by the State to do local system monitoring. This process includes on-site reviews in each county every other year. This process was originally scheduled every third year. The on-site review includes review of clinical documentation, early intervention records, and interviews with parents, providers and local planners. An exit interview is conducted at the completion of the review on findings that may require the LPCC to write an improvement plan that is submitted to the Bureau. These plans are monitored by the State Regional First Steps Consultant who provides technical assistance as needed. Any noncompliance identified must be corrected within 60 days. Follow-up site visits are conducted as needed. Information from this process is also reported as baseline information in other cluster areas of this report. One example is the data reported in the Transition cluster. The nature of Peer Review data is such that it is more specific to the local system issues and is used primarily to provide the LPCC information to guide their improvement planning and activities, as well as to identify technical assistance needs at the local level. To date, the Peer Review process has included looking at "everything, everytime". Indiana is working with NCSEAM to revise our processes to do more focused monitoring in the future.

Another strategy for general supervision in Indiana is the RFF process for funding the early intervention system coordination at the local level. In their applications for funding, the Local Planning and Coordinating Councils report on the current status in their counties and identify their plan for meeting outcomes in child find and public awareness, provider recruitment, procedural safeguards, quality assurance, and transition. One example of how this data is used is provided in GS.IV Baseline/Trend Data, where information is reported on provider recruitment needs. Performance standards and measures are part of the application, and the contracts include payment points that are tied to meeting outcomes (or making acceptable progress toward meeting outcomes). Monthly documentation of activities included in the RFF to meet outcomes and quarterly performance reports are required for claim payment approval by the Bureau. Examples of this are each county's public awareness and child find activities that include details such as where brochures were distributed or public awareness presentations were made in their communities.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>In addition, Indiana uses Complaint/Concern reporting to monitor system issues. While only formal, written complaints are tracked through to findings and resolutions, all concerns are investigated as appropriate. Formal complaints that are reported in Attachment 1 of this report usually end with disenrollment of the provider or additional training requirements and a follow-up review. Providers with a substantiated complaint are placed on probation for a minimum of 60 days. If the provider receives further complaints during this time period, the lead agency will consider disenrollment of the provider.</p> <p>Attachment 1 outlines the formal complaints received during the time period of July 1, 2002 – June 30, 2003. During this period, five formal complaints were received. All five were investigated during the allotted time period of 60 days. Of the five complaints, three resulted in findings against the provider. All of the providers named in the complaints were ongoing Service Coordinators, and concerns were related to timeliness of service coordination. One complaint resulted in disenrollment of the provider. All of the providers named in complaints received training relating to the concerns.</p> <p>Historically complaints are about the quality or timeliness of service coordination. Indiana continues to address service coordination issues. As reported in another section of this document, only 21 out of 346 Service Coordinators in our system have caseloads exceeding 50. Indiana has not seen evidence to suggest that caseload size alone contributes to poor service coordination. The individual Service Coordinator's ability to organize and track the needs of their families, as well as their knowledge and understanding of their role and responsibilities is more indicative of the quality of their work.</p> <p>Concerns that do not rise to the level of a formal complaint may be resolved by phone or desk review of documentation. Others require on-site file reviews. Reported concerns are frequently used to identify training needs. For example, parent calls regarding the Explanation of Benefits they receive each month on services billed and paid for their child, have contributed to the State's understanding of the need to provide ongoing training and technical assistance to providers regarding billing. As a result, a document on the common billing errors was posted on October 16, 2002, and billing information has been included in required 2003 Quarterly Service Coordinator Regional Meetings and Provider Forums.</p>
<p>2. Targets: (for reporting period July 1, 2002 through June 30, 2003):</p> <ul style="list-style-type: none"> Noncompliances are identified and corrected in a timely manner.
<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>Indiana continues to make progress in the areas of 45-day timelines and 90-day transition meetings. Detail is provided in the Natural Environments and Transition Clusters of this report. Indiana continues to use data from a variety of sources to identify noncompliance and implement strategies for correction. In addition, Indiana continues to document timely response to complaints and concerns and use this information to conduct training and technical assistance activities as needed.</p>
<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> Noncompliances are identified and corrected in a timely manner.

TABLE
Part C Annual Performance Report
Status of Program Performance

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

Indiana plans to work with the National Center on Special Education Accountability and Monitoring (NCSEAM) to complete an assessment of the data and monitoring systems in place, develop and implement a work plan to make improvements where needed.

Indiana will continue to provide timely information to the Local Planning and Coordinating Councils on the status of their local systems coordination using both the posted quarterly Profile Reports and the Peer Review process. Indiana plans revisions to the profile reports to provide additional monitoring information to assist local monitoring of progress in areas of noncompliance, including 45-day timelines. In addition, software changes planned include data elements for tracking 90-day transition meeting information and reports that can be generated at the SPOE to support local monitoring of this important compliance issue.

As a result of the consistent concerns and complaints regarding the quality of service coordination, the First Steps Programmatic Training contract that begins October 1, 2003, requires the development of a new initiative that will support Regional Service Coordinator Points of Contact (POC's) to provide ongoing mentoring for Service Coordinators. This initiative is expected to provide consistent and timely support for all service coordinators in the coordination of their responsibilities.

In addition, a new position is planned at the State level that will be responsible for coordination of all Quality Assurance activities, including local monitoring and complaint investigations.

Finally, performance standards for future RFFs will be aligned with OSEP's focused monitoring strategies. The transition to Cluster SPOEs also is anticipated to allow State Regional First Steps Consultants to work more closely with the local systems to provide technical assistance to meet expected outcomes.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By February, 2004, Indiana will begin work with NCSEAM.

By March 31, 2004, revised Profile Reports (Statewide, Cluster and County) will be posted on the web-site.

On April 1, 2004, Indiana First Steps will transition from 62 SPOE's to 14 Cluster SPOE's.

By June, 2004, data elements will be added to the SPOE software to track 90-day transition meeting dates; add possible referral sources (such as Universal Newborn Hearing Screening); track other services and/or programs the child may be involved in (such as Children with Special Health Care Services or Outreach Services for the Deaf and Hard of Hearing; and, improve tracking of children exiting the program.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>Performance Indicator GS.II: (for reporting period July 1, 2002 through June 30, 2003): Systemic issues are identified and remediated through the analysis of findings from information and data collected from all available sources, including monitoring, complaint investigations, and hearing resolutions.</p>
<p>1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. <i>Use Attachment 1 when completing this cell for GS.I.</i>):</p> <p>In GS.I, service coordination issues identified from complaint investigations, and Indiana's efforts to remediate is discussed.</p> <p>In the Transition Cluster of this report, the data from the Indiana Department of Education and our own Peer Review data has been used to identify the issues and support improvement efforts in this area.</p> <p>In September, 2002, Indiana initiated a pilot of Eligibility Determination (ED) Teams in Central Indiana. Eligibility Determination Teams are assigned to children as they enter the system and are responsible for completing initial evaluations, assisting in determining eligibility and developing initial IFSPs. ED Teams remain on the child's IFSP Team, but do not provide ongoing services to the child. During the pilot, ED Teams identified issues related to the IFSP process during follow-up meetings with the Regional First Steps Consultant. This led to the development of a guide for IFSP Teams to use as they conduct initial and annual IFSPs. The document clarifies roles and responsibilities of each IFSP Team member, including parents.</p> <p>Through Indiana's Unified Training System (UTS), 7 full day trainings were conducted on the Procedural Safeguards Service Coordination Module in May, 2003. These trainings were held in locations across the state (Indianapolis, Evansville, Brazil, Scottsburg, Anderson, Plymouth, and Merrillville) where a total of 383 persons, including program administrators, service coordinators, early intervention providers, and parents, attended.</p> <p>Through Peer Monitoring a systemic concern was identified relating to documentation requirements of providers. First Steps supports the involvement of parents in their child's intervention, and therefore, we require providers to supply visit notes and quarterly reports to parents. Because these items were not routinely completed, the State supported a workgroup to develop a common quarterly report format that will guide documentation requirements. The State also provided additional training to providers on the importance of leaving detailed visit notes with the family after each visit.</p> <p>Exit Data from Indiana's Outcomes Evaluation Project for November, 2002 through June, 2003, shows that 99% of First Step families know and understand their rights under First Steps. Additional exit data revealed:</p> <ul style="list-style-type: none"> ▪ 99% of the families reported knowing how to exercise their rights (e.g., share concerns and priorities, make program choices, request changes, and refuse permission); ▪ 98% of the families reported knowing how to work together with their service providers to find a solution if they disagreed with them; and ▪ 22% of the families reported disagreeing with their service providers in the past three months, with 89% of those families reporting that they were able to work together to find a solution.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>2. Targets: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>Systemic issues will be identified and remediated in a timely manner.</p>
<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>Indiana has multiple data sources for identification of systemic issues. Several examples are described in the Baseline/Trend Data for this performance indicator. These are consistently used to drive training at required provider meetings and technical assistance provided by the Program Consultants. Remediation through the analysis of monitoring findings is the assigned responsibility of the Local Planning and Coordinating Council. Once a local improvement plan is approved, progress is followed by the Program Consultant assigned to the service delivery area. The Consultant also provides ongoing technical assistance as needed. As our annual child count has grown, so has the volume of work for the Regional Consultants. This presents an increasing challenge.</p> <p>The exit data collected from families as they leave our system suggests that most families know and understand their rights. Indiana will continue to focus efforts on ensuring that all families have this information and understanding.</p>
<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> ▪ Systemic issues will be identified and remediated in a timely manner. ▪ By June 30, 2005, a coordinated tracking system for all monitoring and complaint data will be implemented and maintained by the Quality Assurance Analyst (new position in 2004) to identify systemic issues.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana intends to add support staff to provide assistance in the area of tracking EOB complaint investigations and quality assurance billing reviews and administrative staff to coordinate all Quality Assurance activities for the program. The Quality Assurance Analyst will be responsible to coordinate data from all sources for the purpose of analysis, identification of noncompliance and systemic issues, and tracking improvements and corrections of noncompliance.</p> <p>Indiana will continue to fund Peer Review Teams to conduct local monitoring activities.</p> <p>Indiana will work with the National Center of Special Education Accountability and Monitoring (NCSEAM) to review current monitoring activities and make revisions to procedures as appropriate.</p> <p>The Family Support Taskforce of the ICC will continue to provide input on information that is distributed to families to make sure that all families receive and understand the information on their rights, as well as their role in early intervention.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>By February 1, 2004, Indiana will begin work with NCSEAM to assess our current system for data collection and reporting, including local monitoring, and develop a plan for making appropriate improvements/revisions.</p> <p>By June 30, 2004, approval is expected to hire a Quality Assurance Analyst.</p>
<p>Performance Indicator GS.III: (for reporting period July 1, 2002 through June 30, 2003): Complaint investigations, mediations, and due process hearings and reviews are completed in a timely manner.</p>
<p>1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. <i>Use Attachment 1 when completing this cell for GS.I.</i>):</p> <p>Indiana documents in Attachment 1 that all formal complaints for this time period were completed within 60 days. Indiana had no mediations or due process hearings for this reporting period.</p>
<p>2. Targets: (for reporting period July 1, 2002 through June 30, 2003):</p> <ul style="list-style-type: none"> ▪ All formal complaints will be investigated and the findings available to all parties within 60 days.
<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>Indiana continues to respond to formal complaints in a timely manner. As the State and Local systems improve in informing parents and providers of the process for making formal complaints, these reports are increasing. While the majority of the reports are about concerns that do not rise to the level of a formal complaint, investigations are conducted as appropriate. Many concerns are resolved with information. Because these concerns are an important source of information about common misunderstandings or lack of information and timely response to all concerns is our goal, the addition of staff as referred to in GS.II to be dedicated to this work is expected to support this in the future.</p>
<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> ▪ All formal complaints will be investigated and the findings available to all parties within 60 days.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana intends to add administrative staff to be responsible for coordination of all complaint investigations, mediations and due process hearings. Currently this responsibility is assigned to one of the Regional Program Consultants as a special project in addition to the regular duties of the position.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By June 30, 2004, approval is expected to hire a Quality Assurance Analyst.

Performance Indicator GS.IV: (for reporting period July 1, 2002 through June 30, 2003): **There are sufficient numbers of administrators, service coordinators, teachers, service providers, paraprofessionals, and other providers to meet the identified early intervention needs of all eligible infants and toddlers and their families.**

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell for GS.I.*):

At the end of this cluster section is Baseline/Trend Data on the numbers of children receiving each of the required services during this reporting period. Speech, Developmental, Occupational and Physical Therapies are the most frequently used services. Providers who enroll in the First Steps system are listed on the Provider Matrix (accessed at www.eikids.com). There are providers for all required services listed. When other early intervention services (OEIS) are identified as needed, providers may be enrolled after they receive prior approval to provide a specific service to a specific child. Families in Indiana choose their individual service providers from the Provider Matrix. If a provider is not available to provide services in the child's home county, the family may choose a provider in another area if they are willing to travel to an on-site location.

Monthly reporting of individuals enrolling as First Steps providers by discipline, as well as a listing of all providers leaving the system, including reasons (voluntary, disenrolled for noncompliance with credentialing requirements, etc.) is reviewed to monitor turnover. Analysis has not revealed any red flags about any particular discipline. The lists include a variety of disciplines both coming and going.

In addition, Local Planning and Coordinating Councils are responsible for monitoring provider availability in their area. The most current information is submitted in their annual RFF, along with their planned activities and strategies to address any personnel needs. The information for this reporting period revealed that 25 had providers available in every discipline to serve children and families in their home counties.

TABLE
Part C Annual Performance Report
Status of Program Performance

The most common disciplines reported as not available in counties were Nurses and Nutritionists. 41 out of 92 counties (26 rural, 15 urban) did not have a Nurse available in their counties. 19 out of 92 counties (12 rural, 7 urban) did not have a Nutritionist in their counties. Many reported knowing where to call if these services were needed and the family was able to travel to get service. Others reported calling providers in neighboring counties to serve their families when needed.

The Provider Credential Taskforce of the ICC reviewed current provider enrollment and credentialing requirements and made recommendations to the Bureau that included "raising the bar" for early intervention providers. Some of the recommendations will be implemented by 2004, including requiring all providers to maintain active emails addresses, and separate business phone and fax lines. Recommendations regarding training for new providers will be included in revisions to the First Steps Orientation curriculum planned by September 30, 2004, as well as in the Provider Forum all-day training required for new providers. In 2002, providers were required to attend one full-day forum during the year. Beginning in 2003, providers are required to attend two half-day forums each year. These are held each January and June at 7 locations around the state. Providers new to the system must attend a full-day Provider Forum initially that combines the regular Provider Forum event and an afternoon session designed specifically for new providers. In 2003, a total of 3,730 (duplicated) attended half-day provider forums throughout the state. These forums provide a means to present consistent information to all providers about program requirements and best practices in early intervention.

Information on the % of enrolled providers who complete credentialing requirements within 2 years of enrollment is not available. Providers who do not meet credentialing requirements within two years of enrollment are terminated from the program. Providers who do not attend required meetings are also terminated from the program at the time their credential or re-credential is due.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- The on-line service provider matrix will include providers for all disciplines.
- 90% of all counties report at least one provider in each discipline available to provide services.
- 90% of all enrolled providers will complete credentialing requirements within 2 years of enrollment.
- 100% of all First Steps providers will attend state-sponsored meetings to address early intervention topics and First Steps practices.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>While Indiana has providers enrolled in all disciplines, Nurses and Nutritionists continue to be reported as a need by both rural and urban counties. Compared to other services, these are not in high demand. This is possibly the reason it is less attractive to providers who must enroll and meet ongoing credential requirements to provide First Steps services when they are needed. While it may be preferable to have providers in every discipline available in the child's home county, this may not be a realistic goal in rural parts of the State.</p> <p>Indiana providers that intend to remain in the program complete their credentialing requirements within 2 years of enrollment and attend required meetings to maintain their credential. The Provider Enrollment Unit maintained at our Central Reimbursement Office conducts monthly reviews of provider enrollment and credential status. When providers are not in compliance, they are notified in a series of up to three letters that lead to termination of their provider agreement if the noncompliance is not corrected.</p>
<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Increase the number of qualified personnel available to provide services in these areas: Service Coordination, Speech, Infant Mental Health, ABA based services to children with Autism Spectrum Disorders, Nursing, Nutrition, and Pediatric Audiology.</p>
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana will continue to provide support for core training and ongoing professional development opportunities for early intervention providers through the Unified Training System partners. In addition, Indiana will continue to support the Provider Enrollment and Credentialing Unit and Service Provider Matrix to support family choice of the most highly qualified service providers of early intervention services.</p> <p>The development of a proposal is planned to modify Service Coordinator enrollment and supervision requirements to improve recruitment and retention of qualified personnel to provide ongoing service coordination services.</p> <p>In order to increase the availability of other types of services in areas where there is high demand and limited provider availability, the Bureau will continue to work with community partners to provide technical assistance and support as needed.</p> <p>A training Institute, sponsored by the Bureau of Child Development programs (First Steps, Healthy Families, Child Care/CCDF, Head Start Partnership Project), in partnership with the Indiana Head Start Association, Indiana Department of Health, and Indiana Division of Mental Health, Indiana University School of Nursing, Purdue Cooperative Extension, and the Healthy Families America Regional Center for Excellence (Mid-West) is being planned for Fall, 2004, to provide cross-training for providers working with families of very young children who are dealing with issues related to either the child or caregiver's mental health, domestic violence and/or substance abuse.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana First Steps is transitioning from 62 SPOE's to 14 Cluster SPOE's in April, 2004. Each cluster contract will include performance measures related to recruitment of early intervention providers for their counties that is tied to funding.</p> <p>The First Steps Programmatic Training contract that begins October 1, 2003, requires the development of a new initiative that will support Regional Service Coordinator Points of Contact (POCs) to provide ongoing mentoring for Service Coordinators.</p>
<p>Performance Indicator GS.V: (for reporting period July 1, 2002 through June 30, 2003): State procedures and practices ensure collection and reporting of accurate and timely data.</p>
<p>1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. <i>Use Attachment 1 when completing this cell for GS.I.</i>):</p> <p>Indiana made timely submissions on all required reports during this reporting period.</p> <p>During this reporting period, Indiana has implemented a schedule for the regular transfer of all First Steps data from the Central Reimbursement Office contractor to the State. This represents a change in procedure from the previous one of transferring only data extracts to the State. This change has allowed the State to conduct a review of the data for validation. Once this process was completed, the State established the processes necessary to ensure timely submission of federal reports, as well as posting the Profile Reports on our web-site for State and Local stakeholder use. In addition, a Cognos cube was constructed with report functions that allow the State program staff access to data that is reported on the quarterly profile reports that is "refreshed" twice a month with the most up to date information available.</p> <p>At the local level where child and family data is entered, all of the System Points of Entry (SPOEs) use the SPOE software designed for this purpose. This data is communicated daily in the larger SPOEs and weekly (at a minimum) to the Central Reimbursement Office. In March, 2003, training was provided to all SPOEs that included an overall review of the software, in addition to training on the major changes to the software required for Cost Participation implementation. Ongoing technical assistance is available through the SPOE Help Desk at the CRO, and the newest version of the software has a Help feature built in to support users.</p> <p>Local Planning and Coordination Councils have responsibility for SPOE oversight, and the Peer Review process includes data collection and entry. When personnel changes occur, training and technical assistance is provided either by the SPOE Help Desk, State staff, or more experienced staff from other System Points of Entry.</p>
<p>2. Targets: (for reporting period July 1, 2002 through June 30, 2003):</p> <ul style="list-style-type: none"> ▪ Indiana will submit accurate and timely reports as required.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>Indiana has submitted all required reports on time. In a review of our reporting procedures described above, some inaccuracy was found in earlier submissions. Thus, some corrected reports were submitted during this timeframe.</p>
<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> ▪ Indiana will submit accurate and timely reports as required. ▪ First Steps data will be delivered to the State twice a month or as scheduled.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana will continue to work with the Division's Bureau of Data Management and the FSSA Division of Technology Services to ensure collection and reporting of accurate and timely data through the First Steps data system. Enhancements are in process to ensure that our Central Reimbursement Office is able to accept and transmit HIPAA compliant electronic transactions when necessary. Indiana is investigating moving to a web-based system to further enhance access to accurate and timely data.</p> <p>Construction of additional COGNOS cubes is planned, beginning with one that will provide State staff with access to the most up-to-date information on services delivered and paid by child and by provider.</p> <p>Program staff will work closely with those involved in data analysis both at State and local levels to enhance everyone's use of the data for monitoring purposes. A related activity will be the revision of the Profile reports (Statewide, Cluster, and County) posted quarterly at www.state.in.us/fssa/first_step</p> <p>Indiana will continue to participate in the OSEP Data Manager's Conference, the Data Community of Practice and on the Early Childhood Outcomes Center Part C work group.</p>
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>By October, 2003, Indiana's data system will be remediated to be in compliance with HIPAA requirements for electronic data transactions.</p> <p>By March 31, 2004, revised Profile Reports (Statewide, Cluster and County) will be posted on the web-site.</p> <p>Indiana First Steps is transitioning from 62 SPOE's to 14 Cluster SPOE's in April 2004. This change makes it financially possible for each Cluster SPOE to hire staff dedicated to data entry. This is a change from current practice in smaller SPOEs where part-time intake staff was also responsible for data entry.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

Baseline/Trend Data for GS.IV

TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana First Steps Child Count Trending

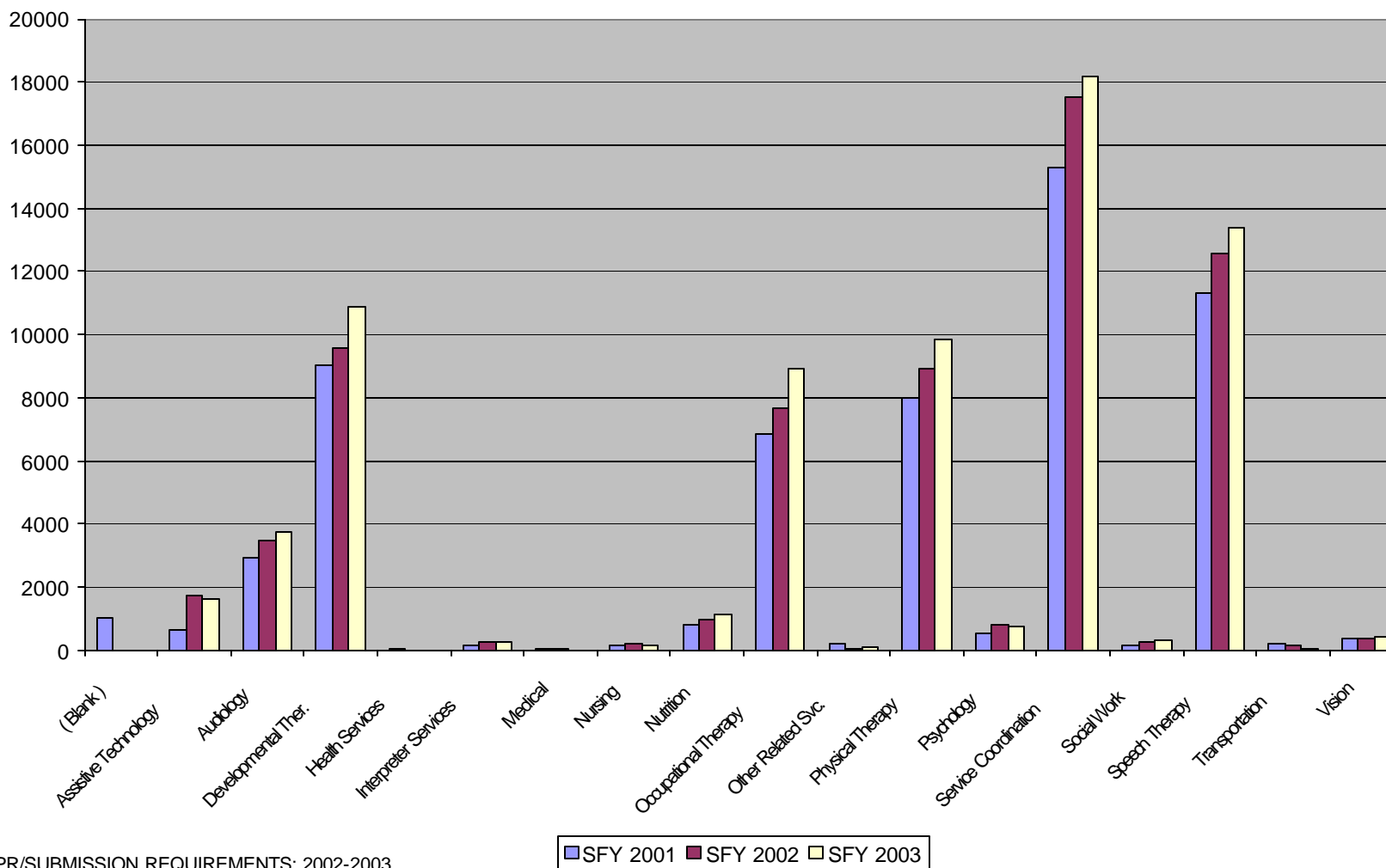


TABLE
Part C Annual Performance Report
Status of Program Performance

\$ Paid by Service Trending

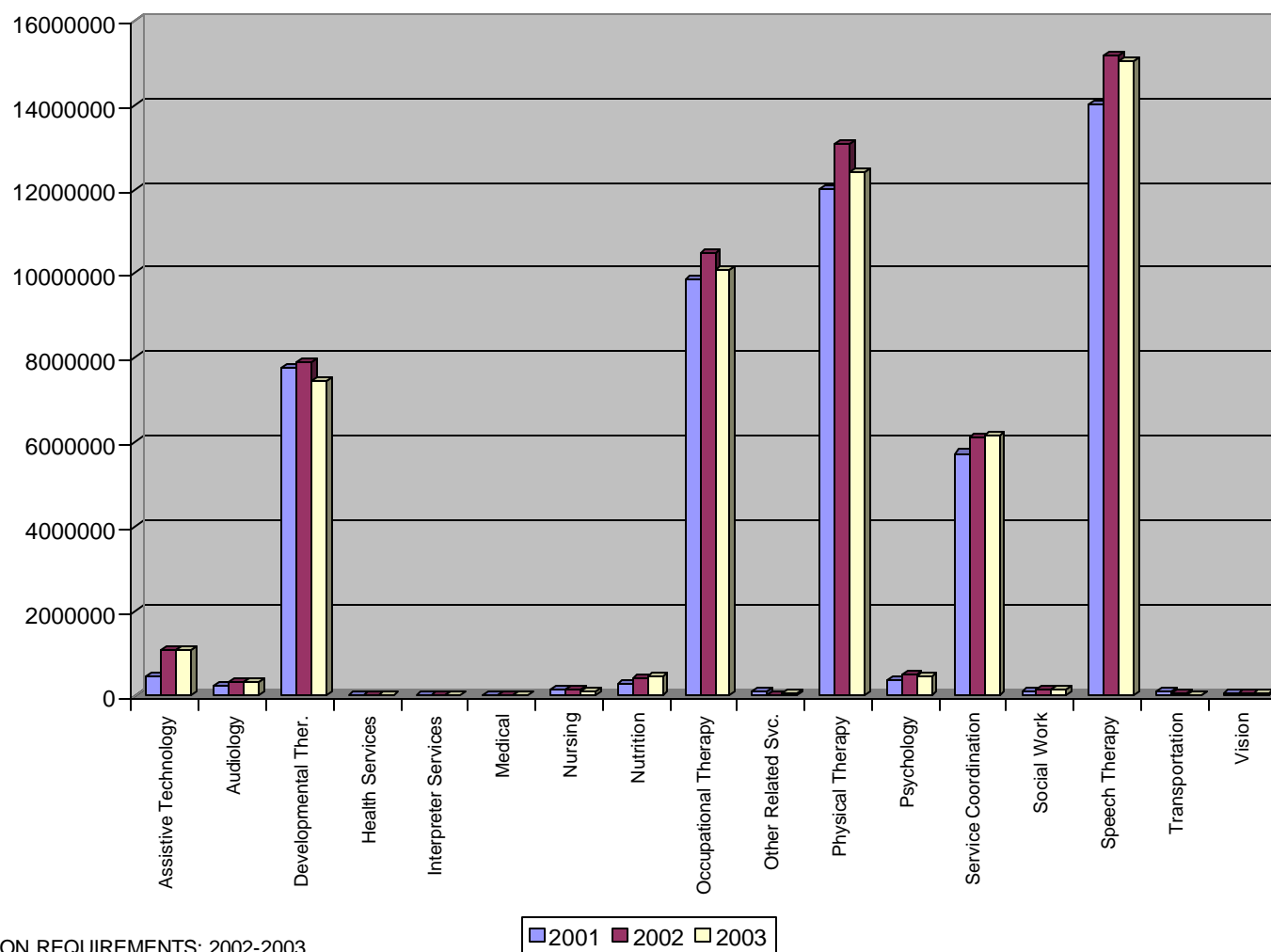


TABLE
Part C Annual Performance Report
Status of Program Performance

Cluster Area CII: Comprehensive Child Find System	
Question:	Does the implementation of a comprehensive, coordinated Child Find system result in the identification of all eligible infants and toddlers?
Probes:	
CC.I	Is the percentage of eligible infants and toddlers with disabilities that are receiving Part C services comparable to State and national data for the percentage of infants and toddlers with developmental delays?
CC.II	Is the percentage of eligible infants with disabilities under the age of one that are receiving Part C services comparable with State and national data?
State Goal: (for reporting period July 1, 2002 through June 30, 2003): All infants and toddlers eligible for Part C services are identified.	
CC.I Performance Indicator: (for reporting period July 1, 2002 through June 30, 2003): The percentage of eligible infants and toddlers with disabilities that are receiving Part C services is comparable to State and national data for the percentage of infants and toddlers with developmental delays.	

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003:

Indiana continues to use the state's low birth weight percentage as a benchmark for State and Local child find activities. The low birth weight percentage has fluctuated from 7.1% to 7.6% since Indiana's Self-Assessment was submitted in early 2002. In addition, there is variability among county LBW percentages. Therefore, for example, in some Indiana counties where the low birth weight percentage is much lower than the state LBW percentage, the Local Planning and Coordination Council may determine that 7.5% (for example) of their birth to three population is a more appropriate target for their county. In addition, Indiana's Lead Agency, the Family and Social Services Administration, established as a Biennium Priority that First Steps reach a goal of serving 18,000 children by June 30, 2003. The table below includes Indiana trend data for children served (aggregate numbers for 12 months) as reported on our quarterly Statewide Profile Report.

For 12 months ending,	State Low Birth Weight %	State Aggregate Child Count	Child Count as % of State 0-3 Population
6-30-00	7.9%	13,964	5.5%
12-31-00	7.1%	14,626	5.7%
6-30-01	7.1%	16,573	6.5%
12-31-01	7.1%	17,139	6.6%
6-30-02	7.1%	17,946	6.9%
12-31-02	7.1%	18,443	7.1%
6-30-03	7.6%	18,934	7.3%

At the end of this cluster section, additional Baseline/Trend Data is included for CC.I that includes referral source, program eligibility, child count, and race information. In addition, a State map with child count for each county is included as Appendix BB.

Data from sources outside of First Steps includes the following:

- Healthy Families reported from their data system 1037 client referrals and 318 non-client referrals to First Steps from October 1, 2002 through September 30, 2003.
- Indiana's Early Head Start programs reported these enrollment statistics for the 2000-2003 program years:

Enrollment by age in EHS	2000	2001	2002	2003
Age 0-1	315	342	338	416
Age 1	250	313	335	381
Age 2	376	362	462	515
Total # receiving Part C	124	136	245	253

TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana continues to identify and determine eligible for Part C a high percentage of its birth to three population as compared to the national baseline and the national target of 2%. Based on the Dec. 1, 2001 Child Count, 3.62% of Indiana's infants and toddlers were determined eligible for Part C. Below is data from Table 1 submissions for the most recent 2 years:

As of Dec. 1,	Total	Birth to 1	1 to 2	2 to 3
2001	9165	1768	2979	4418
2002	9439	1791	3196	4452

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- 7.4% of Indiana's birth to three population will be served over the 12-month period ending December 31, 2003.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003): Indiana continues to meet national benchmarks for the December 1 Child Count, and continues to serve increasing numbers of infants and toddlers annually. Health Care and Family & Friends continue to be the primary referral sources. As shown on the Statewide Profile Report included as Appendix AA, the racial break down of children served is close to the state census data on race. In Indiana, the Local Planning and Coordinating Councils monitor this data closely in order to plan outreach activities for underserved populations based on their county census information. Eligibility trend data shows a slight increase in the % of children eligible based on 20% delay in one developmental domain and a slight decrease in the % of children eligible based on a medical diagnosis. Child Count trend data shows that while numbers continue to rise, there has been some leveling off, perhaps indicating that our child find efforts have been successful in identifying and serving children in need of our services.

In September 2002, Indiana piloted Eligibility Determination (ED) Teams in 4 Indiana counties, including urban and rural. This initiative is Indiana's strategy to move away from a model that allows providers who evaluate a child for eligibility to also provide ongoing services to the same child. The ED Team model ensures a multi-disciplinary evaluation for every child conducted by the ED Team in the natural environment during a single visit. The traditional model involved the different disciplines making separate visits to complete evaluations. By providing specialized training on eligibility to ED Team members, Indiana expects more consistency in the evaluation and eligibility determination process.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

- Indiana will identify and serve all eligible infants and toddlers using Indiana's LBW% as an annual benchmark.

TABLE
Part C Annual Performance Report
Status of Program Performance

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

Indiana will continue to roll out Eligibility Determination Teams in other parts of the State as central office staff resources are available to provide on-site technical assistance and specialized training. Local Planning and Coordinating Councils will continue to conduct public awareness and child find activities as described in their RFF proposals submitted annually. The State will continue to provide statewide, county and cluster child count information as part of the quarterly profile reports posted on the First Steps web-site. The State will continue to support development and distribution of public awareness materials and maintenance of the First Steps web-site.

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

- By June 30, 2005, ED Teams will be implemented in all service delivery areas.
- By September 30, 2004, funds will be obligated in a new contract as a result of an RFP process for public awareness activities out of the state office.
- By April 1, 2004, performance based contracts with clusters to provide local systems coordination will include performance standards related to child find and public awareness activities.

CC.II Performance Indicator: (for reporting period July 1, 2002 through June 30, 2003): **The percentage of eligible infants and toddlers with disabilities under the age of one that are receiving Part C services is comparable to State and national data for the percentage of infants and toddlers with developmental delays.**

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003):

Indiana continues to identify and determine eligible for Part C a high percentage of its birth to one population as compared to the national baseline and the national target of 1%. Based on the Dec. 1, 2001 Child Count, 1.78% of Indiana's birth to one population were determined eligible for Part C. Based on the Dec. 1, 2002 Child Count, 1.76% of Indiana's birth to one population were determined eligible for Part C. These figures do not include *at-risk*. At the end of this cluster section, additional Baseline/Trend Data is included for CC.II that includes average age at referral. In Appendix CC, Indiana's ranking for percentage of children under one served as compared to the other states is included.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- The average age of a child at referral will be maintained at 13.9 months or decrease.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana continues to rank high among other states in the percentage of birth to one year olds identified for early intervention. Performance indicators related to child find are included in contracts with Local Planning and Coordinating Councils, and grant allocations are based on outcomes in this area. Local Councils have continued to build relationships and partnerships in their communities that support early identification and referral.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> • A minimum of 1% of Indiana's birth to one population (based on the December 1 Child Count) will be identified. • The average age of a child at referral will be maintained at 13.9 months or decrease.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Local Planning and Coordinating Councils will continue to conduct public awareness and child find activities as described in their RFF proposals submitted annually. The State will continue to provide statewide, county and cluster child count information as part of the quarterly profile reports posted on the First Steps web-site. The State will continue to support development and distribution of public awareness materials and maintenance of the First Steps web-site. First Steps will continue to work closely with the Indiana State Department of Health to facilitate referrals resulting from the Universal Newborn Hearing Screening and WIC programs.</p>
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> • By April 1, 2004, the Profile Reports will be revised to include aggregate birth to one child counts and % of birth to one state population served annually. • By April 1, 2004, performance based contracts with clusters to provide local systems coordination will include performance standards related to child find and public awareness activities.

Primary Referral Source

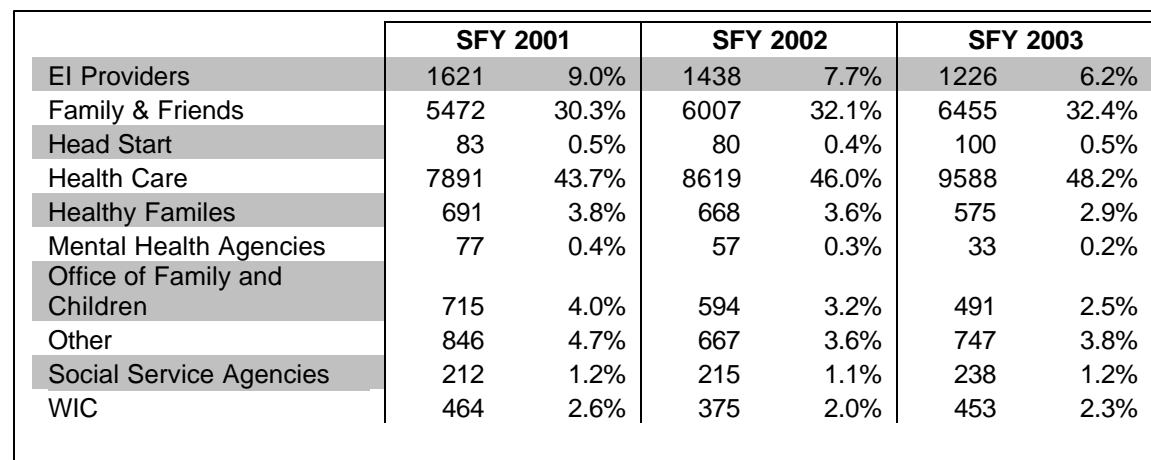


TABLE
Part C Annual Performance Report
Status of Program Performance

Eligibility

Indiana First Steps Program Eligibility						
Description	2001		2002		2003	
	Count	Percent	Count	Percent	Count	Percent
15% Delay in 2 or more Developmental Domains	1593	23%	2740	22%	2917	22%
20% Delay in 1 Developmental Domain	3197	46%	6729	53%	7091	54%
At Risk	599	9%	683	5%	688	5%
Medical Conditions	1604	23%	2539	20%	2390	18%
Total	6993		12691		13086	

TABLE
Part C Annual Performance Report
Status of Program Performance

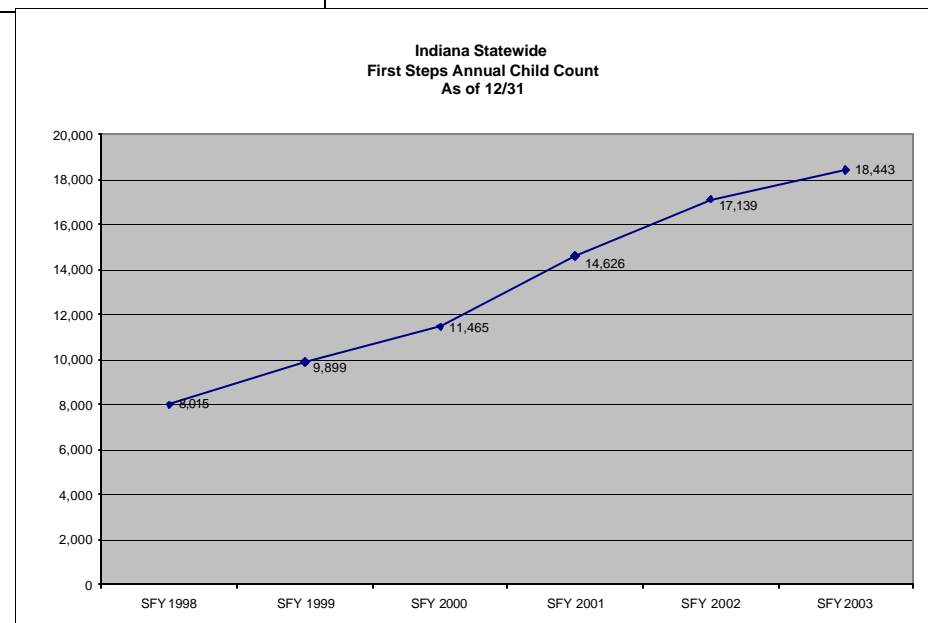
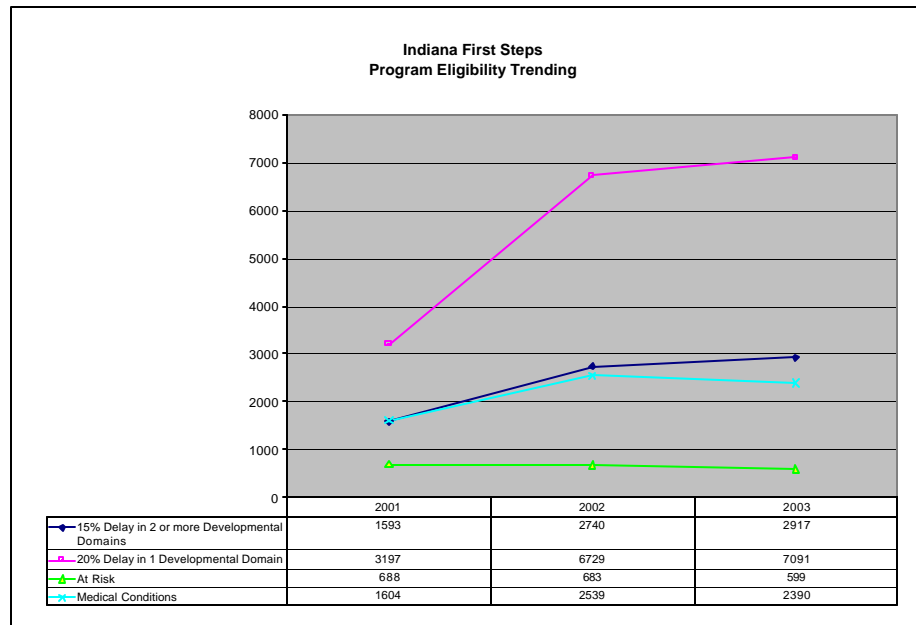
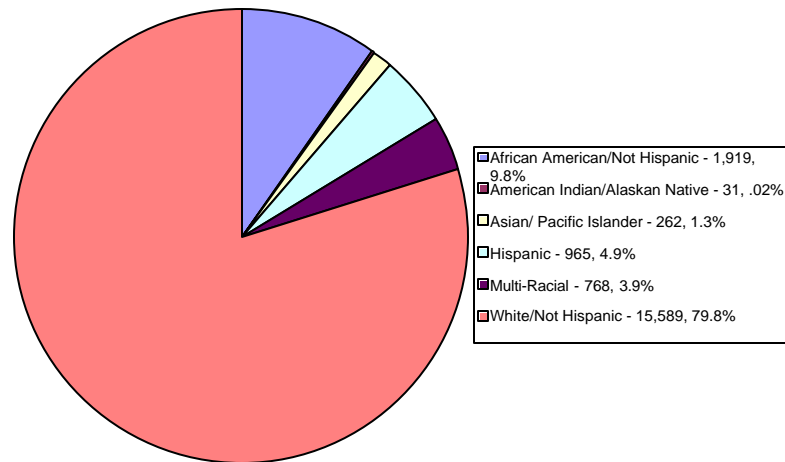


TABLE
Part C Annual Performance Report
Status of Program Performance

Race of Children Receiving Services SFY 2003(Aggregate)



Indiana First Steps Children Served

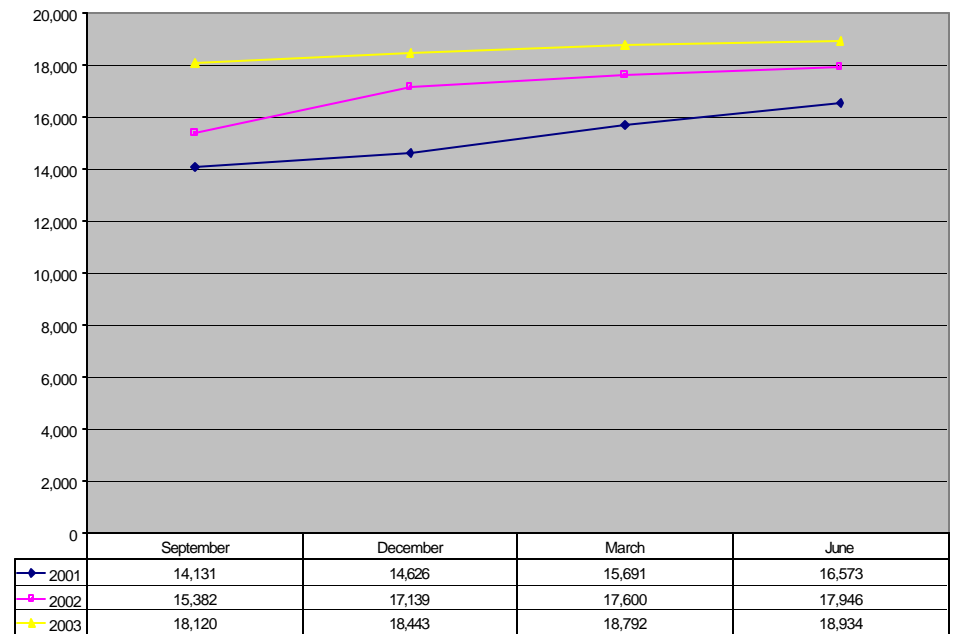


TABLE
Part C Annual Performance Report
Status of Program Performance

Baseline/Trend Data, CC.II

TABLE
Part C Annual Performance Report
Status of Program Performance

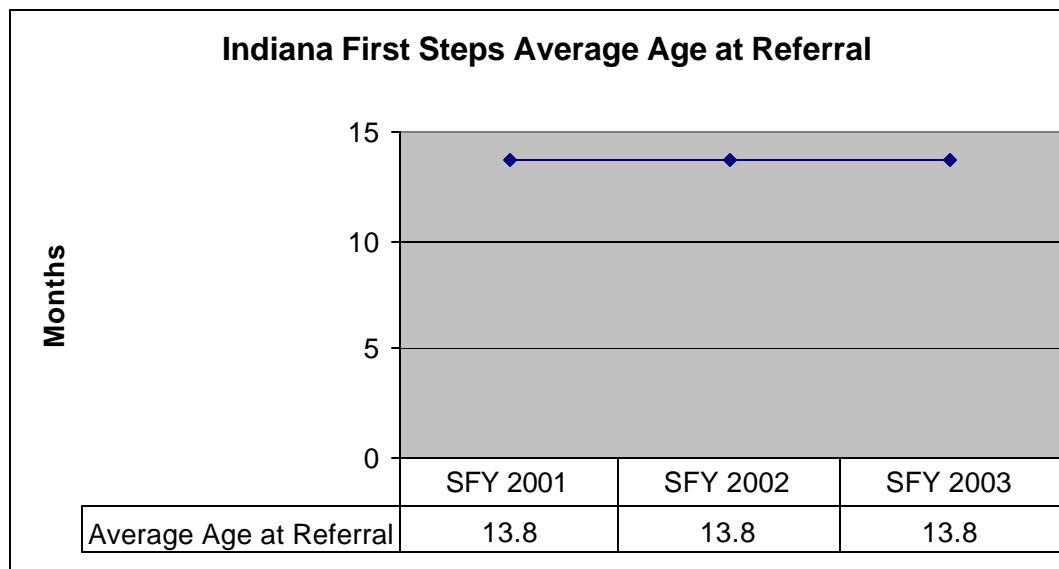


TABLE
Part C Annual Performance Report
Status of Program Performance

Cluster Area CIII: Family Centered Services	
Question:	Do family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families?
State Goal: (for reporting period July 1, 2002 through June 30, 2003): Family supports, services and resources increase the family's capacity to enhance outcomes for infants and toddlers and their families.	
Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): Families access appropriate supports, services, and resources and report increased capacity to enhance outcomes for their children and their families.	

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003):

In the November 2003 report on the first year of Indiana's Outcome Evaluation Project, data collected from families as they entered (N=3173) and exited (N=1496) First Steps between November 1, 2002, and June 30, 2003, was summarized as follows (The complete report is enclosed as Appendix DD.):

- Most families reported knowing about and exercising their roles as team members, including sharing information during evaluation and assessment (99%); doing things at home that are part of their IFSP and the team's recommendations (99%); and expressing disagreement with other team members at their last IFSP meeting (41%).
- Most exiting families (98%) indicated that they know about information and resources in their communities, and many exiting families (58%) reported accessing those resources in the three months prior.

Data available from 74 families who responded to the pilot Statewide Transition Survey, mailed to 522 families in August, 2002, is as follows:

- 89% agreed with the statement "I feel comfortable offering ideas and recommendations to my child's current service providers, individually or as part of a team".
- 90% agreed with the statement "I know how to advocate in ways that maintain positive working relationships and helps my child get the services he or she needs".

Data is also available from the Family Involvement Fund regarding the number of families of children with special needs accessing the fund to support their involvement and/or educational activities as follow

FIF Contract Year (Oct.1-Sept. 30)	No. of Families Accessing Funds
2001	228
2001	440*
2003	610

*Note: This number was incorrectly reported in previous APR as the total number of families accessing funds from April 1-September 30, 2002.

Data from the First Steps Family To Family project (contract period, October 1, 2002 to September 30, 2003) also supports continued effort and impact on this performance indicator: 1. a total of 387 direct contacts were made with First Steps families and over 7000 parent packets were distributed; 2. 46 parent point of contacts (POC's) were active during this contract period; 3. 22 new interested families were added to the Unified Training System parents as co-trainers database; 4. 137 members were registered on the F2F list serv, and from April 1, 2003 to September 30, 2003, 1274 messages were posted to the list serv; and, 5. 18 new families interested in Local Planning and Coordinating Council (LPCC) membership were identified.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>2.Targets: (for reporting period July 1, 2002 through June 30, 2003):</p> <ul style="list-style-type: none">• 80% of parents respondind to the state transition survey report that they know how to advocate in ways that help their child get the services they need.• Families access appropriate supports, services, and resources from First Steps.• Family participation and involvement in First Steps increases.
<p>3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):</p> <p>The data reported above provides documentation that Indiana continues to make progress in an area that the State's self-assessment determined exceeded expectations. Families generally report understanding their role in early intervention and ability to access information and resources as needed. The strategies implemented to increase awareness of the funds available to families through the Family Involvement Fund have been successful as the numbers of families accessing these funds continues to rise. In addition, through the Family To Family project, families are offered a number of ways to be involved in the system, as well as to receive support from other families.</p>
<p>4. Projected Targets: (for NEX T reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none">• 80% of parents responding to the state transition survey report that they know how to advocate for their child and feel comfortable offering ideas and recommendations to their child's service providers, individually or as part of a team.• Families access appropriate supports, services, and resources from First Steps.• Family participation and involvement in First Steps increases.

TABLE
Part C Annual Performance Report
Status of Program Performance

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

With First Steps' support, the Family To Family project will continue its activities to encourage families to connect with each other, to be involved in the First Steps system in a variety of ways, and to take advantage of educational opportunities offered to them to increase their confidence and competence in supporting their child's growth and development. The F2F list serv will continue to be monitored to ensure that families receive accurate responses to their questions and concerns.

First Steps will continue to place emphasis on family-centered and relationship-based practice in provider training that is required or offered for continued enrollment and credentialing in the system.

First Steps will participate in the Indiana Department of Education's development of Birth to Three Foundations along with other agency and community partners. These foundations will be aligned with the DOE's Three to Five Foundations and Kindergarten Academic Standards. The final product is expected to be a good tool for providers working directly with families and for the families themselves to learn more about how they can support their child's overall development in the first three years of life.

First Steps is also working with the Indiana State Department of Health on their Comprehensive Early Childhood Systems Planning Grant through MCH. This activity includes Family Education and Family Support as two of the priorities. Representatives from all of the Indiana agencies and many of their partners who are connecting with very young children and their families are involved in this important project.

TABLE
Part C Annual Performance Report
Status of Program Performance

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

Funding is committed to support both the Family Involvement Fund and the Family To Family project through September 30, 2004. It is anticipated that the same level of funding will be available beyond that date as well.

By October, 2003, the Family To Family project supported by First Steps will develop and implement a monthly Family newsletter. This is intended to provide timely information to families about current system activities, advocacy tips, and resources available to them to enhance their capacity to support their child's development. The newsletter will be written by parents who work as Family to Family contacts and will be posted on the First Steps web site in a two-page format easily reproduced and distributed by service coordinators to their families who may not have internet access.

Training in Best Practices by Mary Beth Bruder is planned for August 12 and 13 2003. ED Team members, State and local First Steps staff, as well as parents, will be invited to participate.

Indiana is developing Best Practice Guidelines that will be ready for public review and comment in July, 2003. This document is expected to be finalized by early 2004, and will provide parents and providers a resource for information about family-centered practices and other best practices for early intervention.

Funding is also committed to support the Outcomes Evaluation project as an ongoing activity to collect information from families when they enter and exit the early intervention program about the impact of the program. For the next reporting period (July 1, 2003 – June 30, 2004), two reports will be published that will summarize the data analyses. This information will be used to report on progress and maintenance of APR goals, as well as to plan improvement strategies as appropriate in this and other cluster areas. In addition, Indiana has applied for a State Data Analysis grant to do data analyses that will look at the data in relation to additional variables, for example, type and amount of services received.

TABLE
Part C Annual Performance Report
Status of Program Performance

Cluster Area CIV: Early Intervention Services in Natural Environments	
Question:	Are early intervention services provided in natural environments meeting the unique needs of eligible infants and toddlers and their families?
Probes:	<p>CE.I Do all families have access to a Service Coordinator that facilitates ongoing, timely early intervention services in natural environments?</p> <p>CE.II Does the timely evaluation and assessment of child and family needs lead to identification of all child needs, and the family needs related to enhancing the development of the child?</p> <p>CE.III Do IFSPs include all the services necessary to meet the identified needs of the child and family? Are all the services identified on IFSPs provided?</p> <p>CE.IV Are children receiving services primarily in natural environments? If not, do children have IFSPs that justify why services are not provided in natural environments?</p> <p>CE.V What percentage of children, participating in the Part C program, demonstrates improved and sustained functional abilities? (Cognitive development; physical development, including vision and hearing; communication development; social or emotional development; and adaptive development.)</p>
State Goal: (for reporting period July 1, 2002 through June 30, 2003): Early intervention services are provided in natural environments meeting the unique needs of eligible infants and toddlers and their families.	
CE.I Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): All families have access to a Service Coordinator who facilitates ongoing, timely early intervention services in natural environments.	

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

In Indiana, a dedicated model for service coordination is in place. Intake Coordinators provide service coordination services to every family from referral through the development of the initial IFSP. Intake Coordinators are employees or contracted personnel of a System Point of Entry and must meet the same requirements as Service Coordinator Specialists in First Steps. Ongoing Service Coordinators are chosen by the family before the initial IFSP meeting when eligibility is expected to be determined, and no later than at the initial IFSP meeting. If there are no service coordinators with availability, the intake coordinator continues to work with the family until one is available. Both Intake and Ongoing Service Coordinators complete Orientation to First Steps and 4 days of Service Coordination Level I training before they provide services to families. There is an additional 2 day training, Service Coordination Level II required before these providers are fully credentialed as Service Coordinators in our system. Service Coordinators are also required to attend quarterly Regional Service Coordination Meetings to remain enrolled.

Claims data provides information on the number of children who received services from an ongoing Service Coordinator. The difference between this number and the aggregate child count accounts for children included in the child count who were in the intake process or for whom ongoing services were provided by an Intake Coordinator.

SFY	Child Count	Number of Children Receiving Service Coordination
2001	16,573	15,388 (93%)
2002	17,946	16,542 (92%)
2003	18,934	17,412 (92%)

Percentage of Children Receiving Service Coordination	Number of Counties as of June 30, 2003
over 95%	29
90-95%	41
85-90%	16
80-85%	4
less than 80%	2

Complaint Logs for the past 3 years include 11 complaints about Service Coordination. Eight of these complaints were substantiated.

Out of 346 enrolled Service Coordinators, 21 carried a caseload of 50 or greater. These service coordinators served both urban and rural parts of the state. Four of these carried greater than 60 children on their caseload and served primarily urban areas. None of these four received any formal complaints or concerns within this reporting period.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

100% of families have access to service coordination services.

TABLE
Part C Annual Performance Report
Status of Program Performance

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana's system ensures that all families have access to service coordination, whether provided by an Intake Coordinator or an ongoing Service Coordinator. The data above indicates that ongoing Service Coordinators are serving the majority of families. While Intake Coordinators are responsible for providing ongoing service coordination when necessary, ideally there are sufficient numbers of ongoing Service Coordinators with availability in every service delivery area. The chart above identifies 6 counties, all rural, to target for service coordinator recruitment.

Complaints continue to target poor service coordination. Investigations, however, have revealed that the reasons for lack of timely service coordination include provider personal issues, poor organizational skills, and lack of understanding of service coordination responsibilities.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

The percentage of families who have access to service coordination services from ongoing Service Coordinators increases.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

The RFF for local grantees includes outcomes related to service provider recruitment, but recruitment and retention of ongoing service coordinators is a responsibility that is shared by both the local and state offices. There is regular turn-over among Service Coordinators, and many of the exiting providers seem to leave before they attend the second level training for Service Coordination that is required before providers can be credentialed. Because many of the providers are self-employed, the need for more support has been identified as a strategy for retention. Thus, the RFP for First Steps Programmatic Training Coordination for the contract year beginning October 1, 2003 included a requirement that a statewide ongoing mentoring program for Service Coordinators be implemented. The RFP asked that Regional Service Coordination Points of Contact be identified to provide support in their service delivery areas. One of the goals of this proposal is to provide more consistent and regular mentoring and support for Service Coordinators. Also, First Steps will continue to provide support for ongoing training and skill building opportunities to Service Coordinators at required regional meetings and other optional professional development events.

Technical assistance will be provided as needed in counties where there are insufficient numbers of Service Coordinators.

Changes to the enrollment requirements for Service Coordinators will be considered that may encourage current providers to remain in the system and potential providers to enroll.

TABLE
Part C Annual Performance Report
Status of Program Performance

6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By June 30, 2004, Regional Service Coordinator Points of Contact will be identified and introduced at Regional Service Coordination Meetings.

By January 31, 2004, revisions to enrollment requirements for Service Coordinators will be posted for public comment.

By October 1, 2004, a contract extension will be in place to provide ongoing support for Regional Service Coordination Points of Contact, required regional trainings, and revisions, as appropriate to Service Coordination enrollment and credentialing training.

By October 1, 2004, an Institute will be co-sponsored by First Steps and the other Bureau of Child Development programs (Healthy Families, Head Start Partnership Project, and Child Care) to offer cross-training opportunities to all providers working with families facing multiple challenges.

CE.II Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): **Timely evaluation and assessment of child and family needs leads to identification of all child needs, and the family needs related to enhancing the development of the child.**

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

Trend data on Indiana's progress toward compliance with the 45-day timeline from referral to IFSP is summarized here and depicted in Tables at the end of this cluster section:

- Indiana's average number of days from referral to IFSP have steadily decreased from 42.3 to 38.3.
- Of Indiana's 92 counties, the number with averages exceeding 45 days has decreased from 29 to 6.
- The % of Indiana counties with averages of 45 days or less has increased from 68% to 93.5%.
- The gap between urban and rural counties' performance in this area has narrowed.
- The % of initial IFSP's that exceeded 45 days (for any reason) has decreased from 17.2% to 11.1%.

During Peer Reviews conducted in 12 counties during this period, 69% of all files reviewed documented initial IFSP within 45 days. Of the cases reviewed that went over 45 days, 21% documented a reason for delay other than a system's issue and 10% did not document any reason for the delay.

Also reviewed were the reasons documented for all cases that went over 45 days during this 12 months in 9 counties (including urban, rural and suburban). Of these 683 cases, 480 (70%) were due to family choice and 203 (30%) were reported due to system reasons.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- 100% of all counties document an average of 45 days or less from referral to IFSP.
- 100% of all IFSPs exceeding the 45-day timeline will be by request of the parent as documented in the child's EI file on the state form for this purpose.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana has not yet reached our target, but is showing improvement in this area. For this reporting period, 93.5% of all counties documented an average of 45 days or less from referral to IFSP. The trend data shows the progress made over the past 4 years. In 2000, there were 29 counties with averages exceeding 45 days. Each year the number went down, and by this year's report, the number was reduced to 6 counties. In addition, the gap between urban and rural counties' performance in this area has narrowed. Indiana continues to make this performance indicator a priority.

Peer Review data indicate that counties are not consistently tracking and documenting the reasons for delay when cases exceed 45 days. Reasons for delay include medical issues, NICU stays, and problems locating families. Continued improvement is expected with performance based contracting and consistent reporting of reasons for every case that goes over 45 days.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> • 100% of all counties document an average of 45 days or less from referral to IFSP. • 100% of all IFSPs exceeding the 45-day timeline will have documented reasons that are not system issues.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana understands the importance of meeting the 45-day timeline. Even with the progress noted above, Indiana intends to now focus our monitoring on those counties with persistent issues. To this end, Indiana developed a form called "Reason for Delay" that requires parent signature and posted it on our web-site for use on September 18, 2002. Taking this a step further, the System Coordination contracts starting April 1, 2004 includes a new requirement that Intake Coordinators complete this form for every case that goes over 45 days and submit it to the central office. This strategy will give the State ongoing, timely information about this compliance issue to support improvement planning and activity.</p> <p>Indiana is transitioning from 62 SPOEs (System Point of Entry) to 14 in April 2004. A copy of the Cluster Map is included as Appendix EE. This transition is expected to result in better responsiveness to families and other referral sources. Counties that are now supported by part-time personnel as a result of smaller allocations will be supported by larger SPOEs with more staff to answer phone calls, take referrals, conduct intake activities, etc. This should support continued improvement in this area.</p> <p>Along with the transition to "Cluster" SPOEs, the grants to support system coordination in the clusters have performance standards for meeting the 45-day timeline requirement. Up to 20% of the grant allocation is tied to meeting these and other performance standards.</p>
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>By March 31, 2004, County Profile Reports posted on the First Steps web-site will be revised to include the number of cases exceeding 45 days for each quarter. This figure will be reported for the State, as well as each Cluster and each County.</p> <p>By April 1, 2004, Intake Coordinators will be required to submit documentation for every case that exceeds 45 days to the state office.</p>
<p>CE.III Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): IFSPs include all the services necessary to meet the identified needs of the child and family and the services identified on IFSPs are provided.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

In Indiana, when services are authorized through the development of the child's IFSP, these authorizations are entered onto the system allowing the service provider to bill our Central Reimbursement Office after services are delivered. Data in the chart below shows the number of children who were authorized and received the following service types during this reporting period.

Number of Children Receiving Service Type	07/01/2002 to 06/30/2003
Assistive Technology	1570
Audiology	3548
Developmental Therapy	7886
Health Services	0
Interpreter Services	186
Medical	9
Nursing	105
Nutrition	782
Occupational Therapy	6637
Other Related Svc.	114
Physical Therapy	7551
Psychology	388
Service Coordination	17959
Social Work	239
Speech Therapy	10759
Transportation	49
Vision	75

In addition, Indiana's data system allows us to see the frequency and intensity that has been authorized for each service type. The claims payment information tells us how many units of service have been delivered. By comparing these two pieces, we are able to examine if services that have been included in the IFSP have been authorized and delivered and to what extent. Services are typically authorized for the lifetime of the IFSP. Frequency and intensity are also determined by the IFSP Team. Providers have been directed to deliver services as written on the IFSP. While cancellations of service delivery visits can be expected for a variety of reasons, an issue clarification was written and posted on our web-site on May 24, 2002, that requires that "make-up" service visits be completed during the same week of the cancellation. Providing "double" sessions the next week, for example, is not considered best practice.

Trend data on Authorized Services vs Claims Paid is depicted in a table at the end of this cluster section. The data in the graph shows that in SFY2001 79.9% of all services

TABLE
Part C Annual Performance Report
Status of Program Performance

authorized were delivered. This number was 80.9% in SFY2002 and 77.5% in SFY2003. Looking beyond the statewide percentage for 2003, four counties (all rural) out of 92 total were identified with between 50 and 59 % of authorized services delivered.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- 75% of authorized services will be delivered

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana continues to monitor the availability of services to children and families across the state. By having this information available on the web (www.eikids.com), the local councils know where to target their local recruitment and retention efforts. With each grant application, councils must identify their community's current service needs and their plan for resolving any related issues. Cancellation of appointments continues to be a concern. The state requires that providers maintain documentation of the reasons for missed/cancelled visits, and both parents and providers are asked to notify the child's service coordinator when either party has concerns about repeated cancellations. When cancellations are due to child or family reasons, the IFSP Team is asked to review the plan for possible adjustments that might better meet the child's needs and the family's current situation. Families always have the option to change providers if their current provider cannot meet their needs. Interviews during the Peer Review process confirm that this does happen.

Reviewing the data on % of services delivered versus services authorized, it should be noted that Indiana's data system allows tracking this by dollars and by unit. In addition, when IFSPs are developed, the maximum number of units based on the intensity, frequency and length of the IFSP is authorized. So, for example, if a service was authorized for 1 time per week for 60 minutes for a year, the authorization would be entered for that. Therefore, it is not likely that our data would show that 100% of the services authorized would be delivered. It is interesting that the four counties with the lowest %'s are all rural. Further investigation is warranted to determine what other factors contribute to a lower % of services delivered, such as transportation and weather. Another factor impacting this data is that peer monitoring has revealed that often providers who were authorized, for example, 60 minutes, two times per week, may reduce their visits to once a week if a child is making good progress to see if the higher frequency is still needed. Although directed to notify the service coordinator and other IFSP Team members when a change in services is recommended, this information is not always communicated to the System Point of Entry when a decrease in services is recommended. This results in the authorized level of service in the system being higher than what is actually being delivered. The trend data reported for the last 3 years shows a slight decrease in the % of authorized services delivered in 2003. This might be explained, in part, by a rate cut of 6% for most direct services (due to budget constraints) that took effect October 1, 2002. The dollar amounts would be impacted by the fact that when the services were authorized, the rates were higher than when actually paid. Even with this decrease, Indiana achieved the target for this reporting period.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

- 75% of authorized services will be delivered

TABLE
Part C Annual Performance Report
Status of Program Performance

5.Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

State Regional Consultants will provide ongoing technical assistance to service delivery areas not meeting this target.

Indiana will explore looking at dates of service paid and number of visits authorized as another means to monitor this area to ensure that children are receiving services as written on their IFSP.

Eligibility Determination Teams will continue to play an important role in monitoring the delivery of appropriate services to our children and families. As members of the child's IFSP Team, these providers offer an additional resource as they review quarterly reports and participate in 6-month reviews and annual IFSP meetings. The ED Team's perspective can create opportunity for discussion that may not otherwise take place. Both parents and ongoing service providers have reported to the Bureau that they appreciate the input of the ED Team and the "validation" they provide to how things are going.

Indiana will continue to emphasize the importance of delivering services as written on the IFSP during provider training and technical assistance opportunities resulting from Peer Monitoring.

6.Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By June 30, 2005, ED Teams will be implemented in all service delivery areas.

By June 30, 2004, all providers will receive information and training on their role in ensuring that IFSPs include all the services necessary to meet the identified needs of the child and family and the importance of delivering services as written on the IFSP.

By February 1, 2004, Indiana's Best Practices In Early Intervention document will be available. This includes information about family and provider roles in the development of the IFSP to ensure that all services necessary to meet the identified needs of the child and family are included.

CE.IV Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): **Children are receiving services primarily in natural environments, and, if not, children have IFSPs that justify why services are not provided in natural environments.**

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

The US Department of Education's 2003 Annual Report on IDEA Part C, reported the following performance targets and actual performance data for service settings as follows:

The percentage of children receiving age-appropriate services primarily in home, in community-based settings, and in programs designed for typically developing peers.

NOTE: Indiana's Actual Performance Data has been added (source: data submitted to OSEP for Dec.1, 2000, 2001, and 2002 on Table 2)

Year	Actual Performance	Performance Targets	Indiana's Actual Performance
2000	73	67	
2001	76	69	87
2002	82	71	88
2003		78	90

Indiana has established procedures that require adequate written justification is included in the IFSP when services are provided outside of the child's natural environment. The IFSP must include what steps were taken to provide services in the natural environment, what barriers exist to providing services in the NE, and what steps are planned to move back to the NE when applicable.

During Peer Reviews, if an EI record is reviewed for a child receiving services outside of the NE, the reviewer checks for justification documentation. Of 365 files reviewed during this reporting year, only 10 had onsite services written into the initial IFSP. All ten had written justifications included in the IFSP. Nine of these were due to the fact that there was no Speech/Language Pathologists available to provide off-site service. Of these 365 files reviewed, 100 had service added after the initial IFSP outside of the natural environment. Of these, 75% had written justifications, and reviewers reported that some of these were not adequate justifications in their opinion.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- 90% of children served receive services primarily in natural environments.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana has met the target for this reporting period and continues efforts to increase education and awareness of the benefit to providing services within the context of children and family everyday routines and activities.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> • Maintain or exceed our 2003 target that 90% of children served receive services primarily in natural environments. • Appropriate justification is documented in 100% of IFSPs when services are authorized for delivery outside of the child's natural environment.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Data on the first part of this performance indicator will be posted on the First Steps web-site as part of the Statewide and County Profile Reports' revisions that are planned for completion by April 1, 2004. This is expected to help the state with its monitoring, as well as give Local Planning and Coordinating Councils the information they need to monitor and/or plan improvement strategies in this area. This will provide important information on this indicator by county to support future focused monitoring efforts.</p> <p>Best practices in early intervention is planned to be at the center of every required quarterly service coordination meeting and semi-annual provider forum for the training contract period that begins October 1, 2003. Regional Service Coordination Meetings are held every February, May, August, and November, and Provider Forums are held every January and June in 7 locations around the state.</p>
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>In August 2003 Dr. Mary Beth Bruder will conduct a one-day training on working with families to provide services collaboratively and within the context of the family's everyday routines and activities. Eligibility Determination Team providers, parents, local and State First Steps staff will be invited. On day two, Dr. Bruder will facilitate a planning session with a smaller group representative of the first day's participants to discuss in detail how these ideas could be incorporated into Indiana's early intervention practices.</p> <p>Indiana will complete a Best Practices in Early Intervention document by February 1, 2004, that will include information about the benefits of providing services within the context of children and family every day routines and activities. It will also include information on service delivery outside of the natural environment and the requirements for justification for this. This document is intended to provide guidelines for early intervention best practices that can be helpful to both providers and family members. Public comment will be taken and used as part of the process to develop the document.</p> <p>By February 1, 2004, training on providing practices within the context of the child and family's daily routines and activities will be provided to all ongoing providers at required Provider Forums in January, 2004. This will include training presented by parents on "How to talk to parents".</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

CE.V Performance Indicator(s): (for reporting period July 1, 2002 through June 30, 2003): **95% of all children participating in the Part C program demonstrate improved and sustained functional abilities.**

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

Exit data reported in Table 3 to OSEP is one source of information on the impact of early intervention. The table below shows the number and percentage of children who exited Part C before age 3 because they have reached their IFSP goals and are no longer in need of services. Also shown are the number of children who exited Part C at age 3 who were not eligible for Special Education services at the time of transition.

Year	Total # Exiting Part C	Completion of IFSP prior to reaching age 3	Not eligible for Part B, exit to other programs	Not eligible for Part B, no referrals	Total in Columns 3-5
2000	7940	1876 (24%)	1200 (15%)	356 (4%)	3432 (43%)
2001	9532	2427 (25%)	1069 (11%)	477 (5%)	3973 (42%)
2002	10718	2943 (27%)	1205 (11%)	525 (5%)	4673 (44%)

In addition, Indiana's Statewide Outcomes Evaluation Project was developed over the past several years to measure the impact of the early intervention program on nine outcomes that were identified by program stakeholders, including parents. The first of the three identified child outcomes is "Children attain essential and important developmental skills". The tools for data collection were submitted with the previous APR. From the initial report on the data collected from November 1, 2002, to June 30, 2003, we have information on changes in overall child development, acquisition of important developmental skills, independent functioning in everyday family routines, and continued need for specialized services. This report can be found at the end of this cluster section (Baseline Data, CE.V), and the complete report is enclosed as Appendix DD.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

- Implement collection of data for this performance indicator as part of the Statewide Outcomes Evaluation Process by December 31, 2002.
- Report on data collected from implementation through June 30, 2003.

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana implemented data collection on child and family outcomes on November 1, 2002. While initial data collection was slow, it continues to improve. Over time, Indiana will have data collected at both entry and exit on the majority of children participating in early intervention.

Indiana has shown a slight increase over the past three years in the number of children exiting before age 3 because services were no longer needed. For these children who were experiencing developmental delay when they entered the program, the positive impact is clear. What the outcome evaluation data will provide is a more comprehensive look at the impact of early intervention on child outcomes.

TABLE
Part C Annual Performance Report
Status of Program Performance

<p>4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <ul style="list-style-type: none"> 95% of children exiting the system after a minimum of 6 months of services have documented developmental gains.
<p>5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana will complete a Best Practices in Early Intervention document by February 1, 2004, that will include information about the benefits of providing services within the context of children and family every day routines and activities. It will also include information on service delivery outside of the natural environment and the requirements for justification for this. This document is intended to provide guidelines for early intervention best practices that can be helpful to both providers and family members. Public comment will be taken and used as part of the process to develop the document. Indiana believes that this document is critical to our improvement efforts as it is expected to articulate the expectations for all First Steps' providers.</p> <p>Eligibility Determination Teams will continue to be rolled out across the state. The addition of this added expertise to each child's IFSP Team is expected to continue to impact the quality of service children and families receive in the program, and consequently the outcomes.</p> <p>First Steps is also participating in the Department of Education's effort to develop Birth to Three Foundations that will be aligned with the Preschool Foundations (3-5) and Kindergarten Academic Standards. This document will be disseminated for use as a tool for both providers and families to improve outcomes for children.</p>
<p>6. Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):</p> <p>Indiana will work with the Data Community of Practice and the Outcomes Center to share what our process has been, the lessons we are learning, etc.</p> <p>There is concern that ongoing outcome data collection will cost the system more than expected. While every effort was made to fold outcome data collection into the existing process at enrollment and initial IFSP development, collection of exit information was not done routinely by service coordinators before this project was implemented. By sharing the information being collected and explaining the purpose behind this process, Service Coordinators understand the importance and have worked hard to get this additional data.</p> <p>Another challenge is that much of the information collected on the Family Interview and Family Exit Survey can only be completed with the family's consent and cooperation. Finally, data entry and analysis at the Indiana Institute on Disability and Community is expected to cost more than what was originally expected.</p>

TABLE
Part C Annual Performance Report
Status of Program Performance

Baseline Data, CE.II

TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana Statewide
First Steps
Average Days to Referral

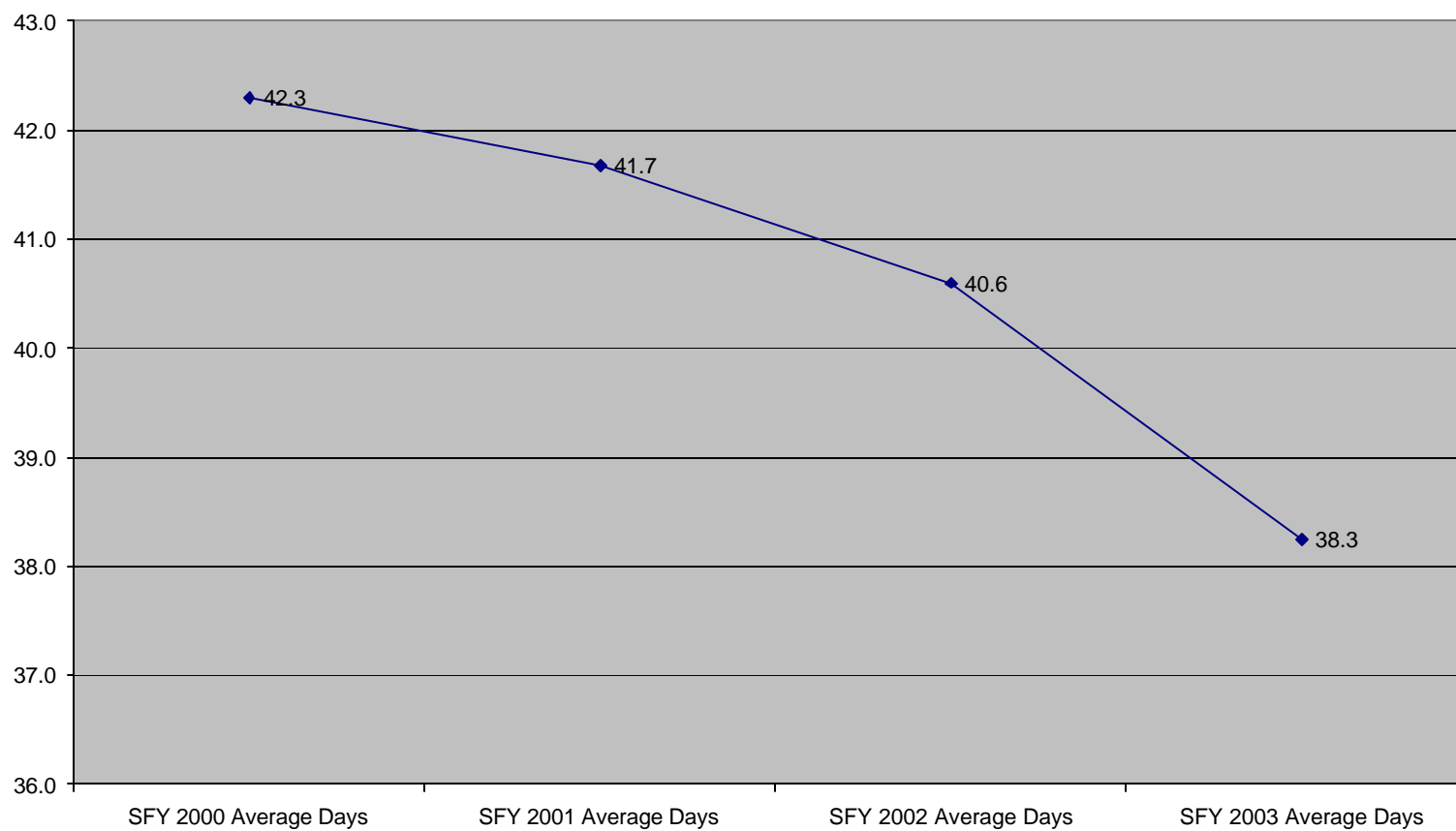


TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana Statewide
First Steps
Number of Counties with Referral to IFSP > 45 Days

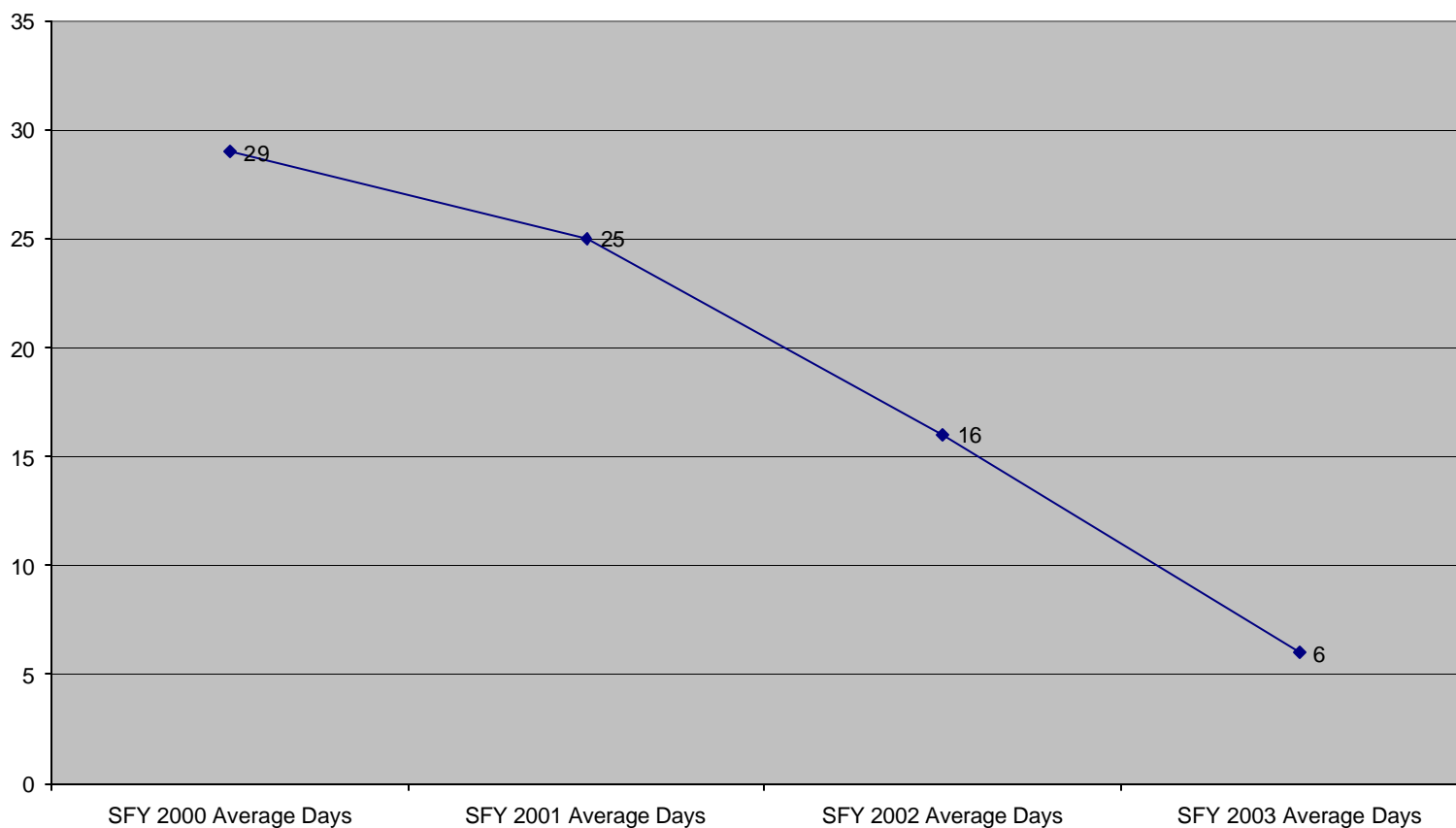


TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana Statewide
First Steps
Percent of Counties with Avg of 45 Days or Less from Referral to IFSP

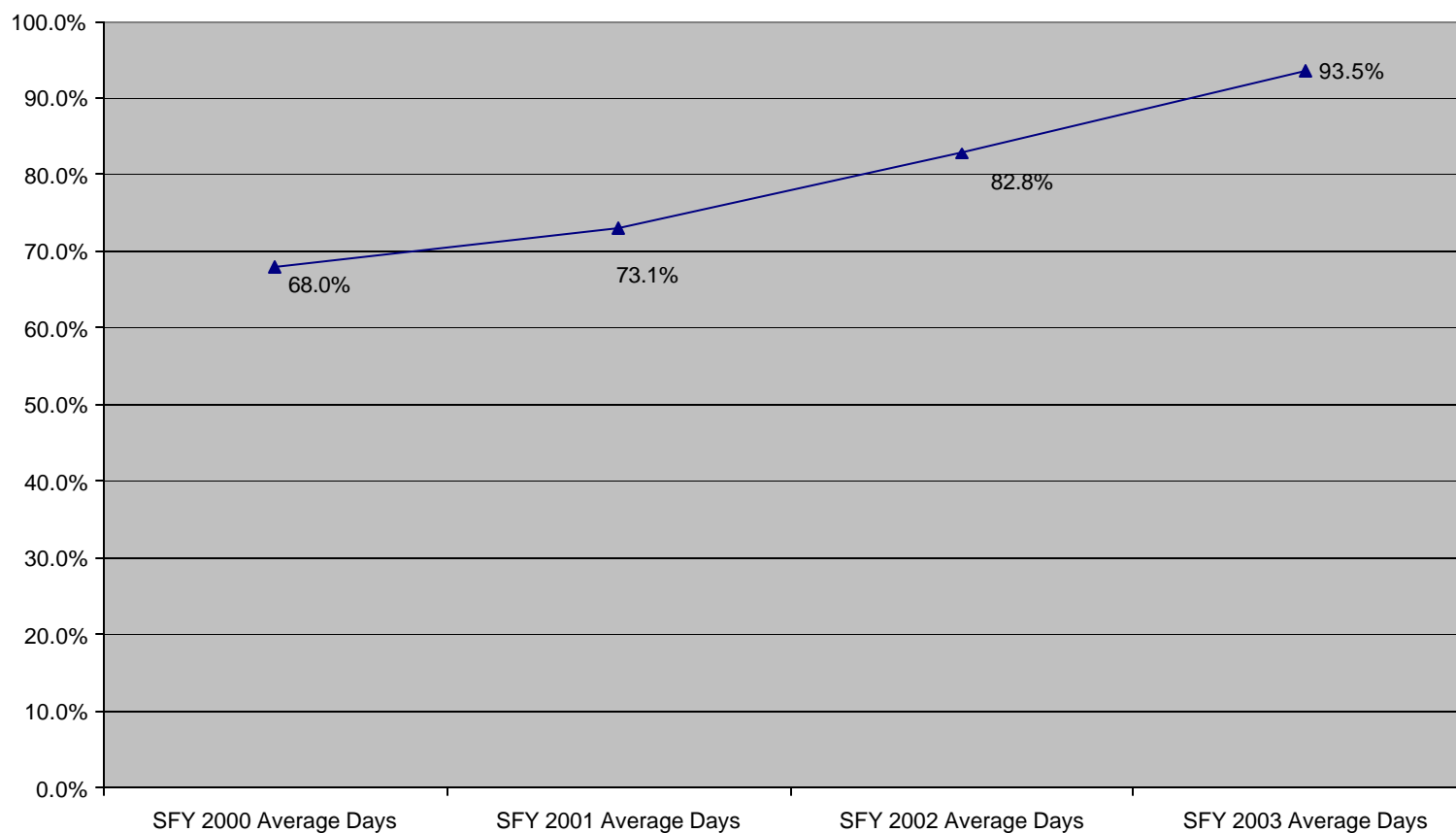


TABLE
Part C Annual Performance Report
Status of Program Performance

First Steps
MSA Rural Vs. Urban
Number of Counties with Referral to IFSP > 45 Day

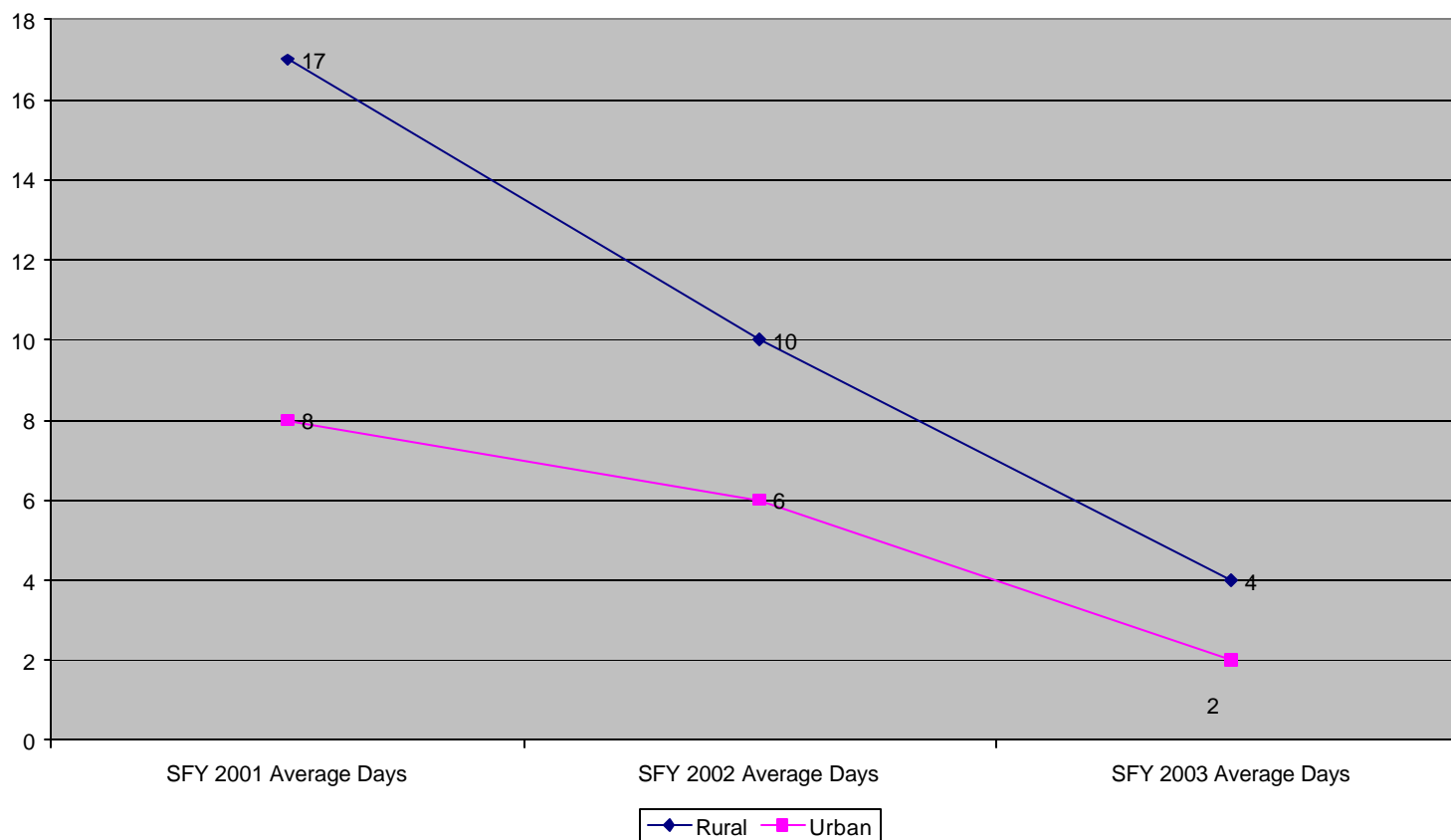


TABLE
Part C Annual Performance Report
Status of Program Performance

MSA Rural Vs. Urban
First Steps
Percent of Counties with Avg of 45 Days or Less from Referral to IFSP

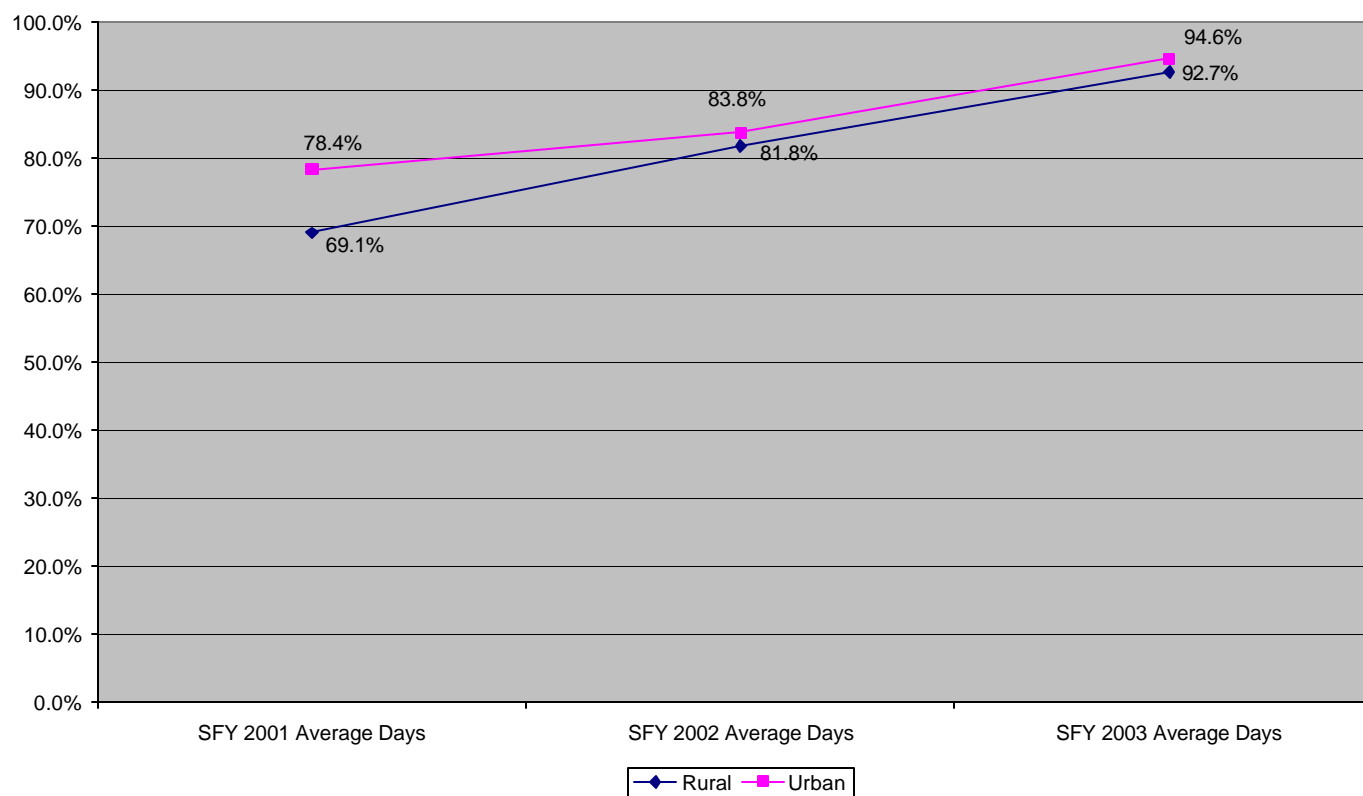


TABLE
Part C Annual Performance Report
Status of Program Performance

Indiana First Steps
Percent of New IFSP's > 45 Days

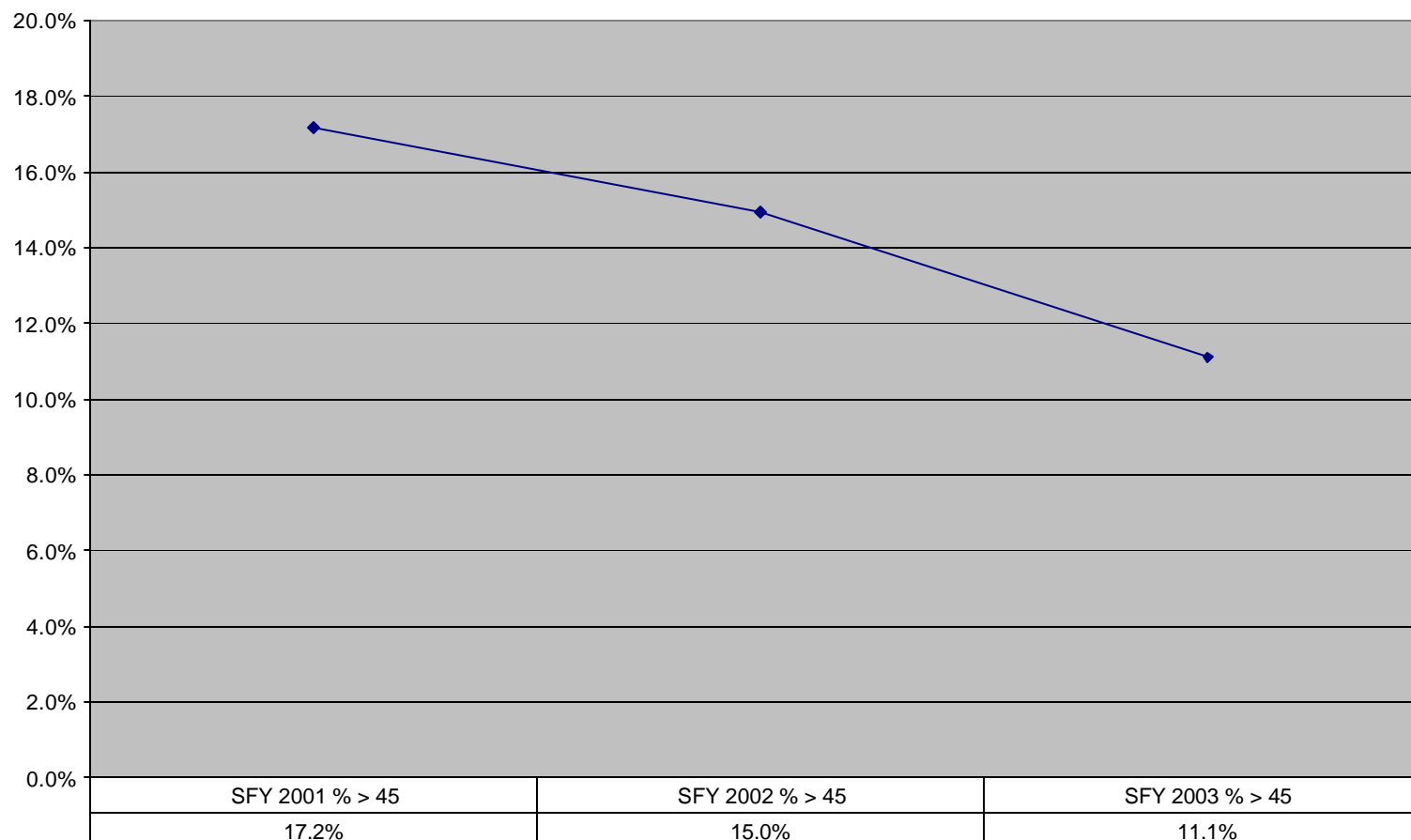


TABLE
Part C Annual Performance Report
Status of Program Performance

Baseline Data, CE.III

Indiana First Steps
Authorized vs Claims Paid

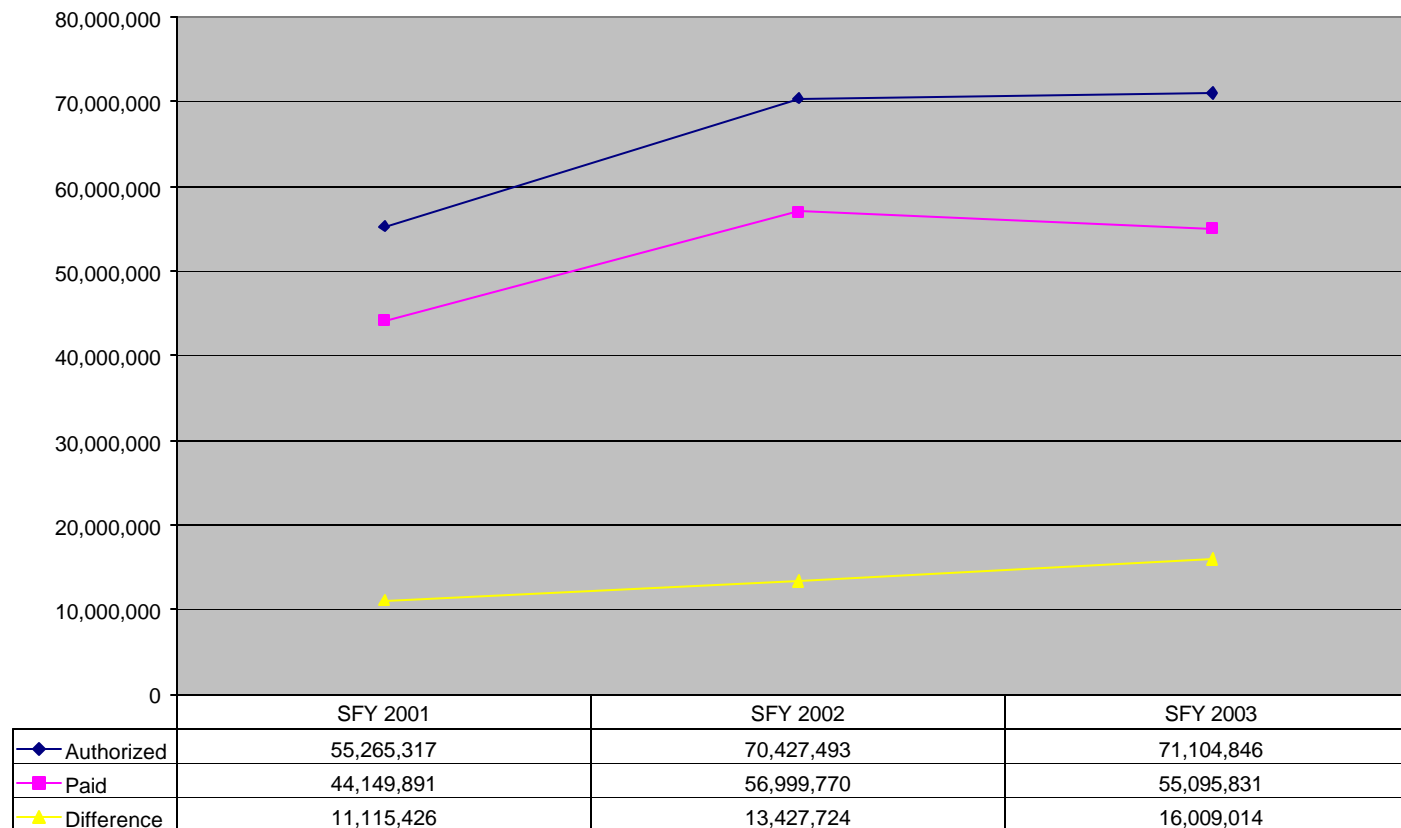


TABLE
Part C Annual Performance Report
Status of Program Performance

Baseline Data, CE.V

A primary outcome of First Steps is that children make developmental progress in the cognitive, communicative, physical, self-help, and social/emotional areas. To assess if First Steps is meeting this outcome, information was gathered from entering and exiting families in four areas:

1. Changes in the developmental age or level of children (between entry and exit)
2. Acquisition and demonstration of important developmental skills
3. Children's ability to function independently in typical family routines
4. Need for continued specialized services upon leaving First Steps

1. Changes in overall child development.

Developmental information from the initial Individualized Family Service Plan was compared with the developmental information gathered by the Service Coordinator for the Exit Interview to determine general developmental gains for the 12 children who entered and exited First Steps during the report period.

The data indicates that 92% of the 12 children experienced some level of developmental gain in the major developmental areas. Figure 1 illustrates that, on the average, this small group of children made five to seven months of developmental gains across the five developmental areas.

2. Acquisition of Important Developmental Skills

During Intake, entering families were asked to indicate which of 41 skills their children were able to perform. Upon exiting, families were once again asked to indicate which of the 41 skills their children were able to perform. The 41 skills included important functional skills such as walking, unfastening clothing, or using simple sentences. The results indicated:

- 100% of the 12 children for whom both Entry and Exit information was available attained at least one or more skills (with an average of 11 skills gained per child);
- For all families who exited First Steps during this report period, children demonstrated, on the average, 78% of the 41 skills. For the three-year-old group only, children demonstrated an average 79.5% of the 41 skills; and
- 83% of exiting three-year-old children demonstrated a significant proportion (=80%) of the 41 skills assessed.

Figure 1
Developmental Gain in Entry/Exit Children
(N=12)

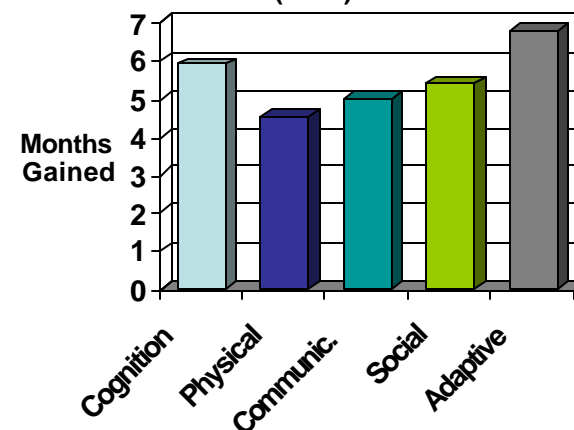


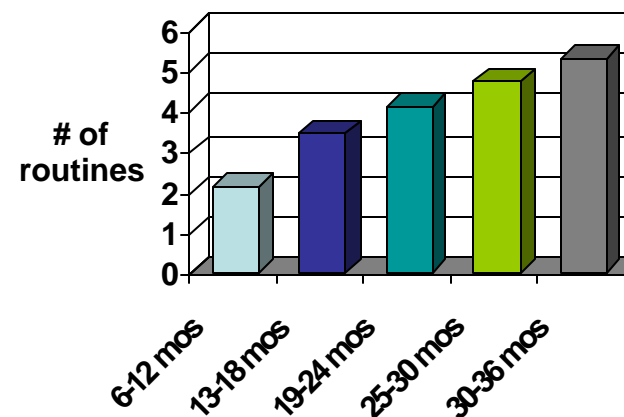
TABLE
Part C Annual Performance Report
Status of Program Performance

3. Independent Functioning in Everyday Family Routines

During both the initial Family Interview and Exit Interview, families were asked to indicate which of 11 common daily routines their children were able to complete successfully. These routines included meal times, play times, dressing/undressing, getting up in the morning, and going to bed in the evening.

- 91% of children exiting from First Steps function independently in one or more 11 daily routines
- On the average, exiting families reported that their children functioned independently in up to five routines. Figure 2 breaks this down by the child's age at exiting.

Figure 2
Independent Functioning
by Child's Age at Exit



4. Continued Need for Specialized Services

During the Exit Interview, families were asked a number of questions to determine if their children needed specialized services after First Steps. Findings from these families indicated that 49% of the children leaving First Steps do not need continued specialized services. This was determined based upon exit data that indicated:

- 40% of all children exiting First Steps do so because they no longer needed early intervention services, and
- Of the families leaving First Steps because their child is three years of age, approximately 9% of those families did not indicate a need for continued services/therapy to address their children's developmental needs.

Of the other half of families still needing services to address their children's developmental needs, 35% of the families reported that their children were enrolled in special education, with an additional 16% reporting that their children needed continued outside therapy services after First Steps.

TABLE
Part C Annual Performance Report
Status of Program Performance

Cluster Area CV: Early Childhood Transition

Question: **Do all children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday?**

State Goal: (for reporting period July 1, 2002 through June 30, 2003): **All children exiting Part C receive the transition planning necessary to support the child's transition to preschool and other appropriate community services by their third birthday.**

Performance Indicator CV.I: (for reporting period July 1, 2002 through June 30, 2003): **All children exiting Part C who may be eligible for services under Part B receive the transition planning necessary to support a smooth transition by their third birthday.**

TABLE
Part C Annual Performance Report
Status of Program Performance

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003):

Three out of the five (60%) complaints on Attachment 1 focused on transition issues. All three complaints that the Service Coordinator failed to actively pursue transition options for the families were substantiated.

Data from Part B includes C to B Transition Data from CIM for July 1, 2002-June 30, 2003:

- 28% (N=841) of Part C children eligible for Part B did not have an IEP in place by their 3rd birthday. Part B identified late Part C referrals as the reason for 24% (N=203) of these cases. This is an improvement from the 31% reported from the 2000-2001 CIM in Indiana's Self-Assessment baseline information.

Implementation of data collection from the statewide outcomes evaluation project was November 1, 2002. The exit interview is completed by the service coordinator with the family just prior to the child's exit date. The data below is for the period of November 1, 2002 through June 30, 2003 (N=1738)

The following data is for **all** children exiting Part C. At this time, we do not have a way to break out this information to examine it for only children transitioning from C to B:

Have you had a planning meeting for your child's transition out of First Steps?

5% Blank

41% Yes, 90 days or more before the third birthday

22% Yes, less than 90 days before the third birthday

32% No

If your child is turning 3 years of age AND you answered "No" to question 13, why did this meeting NOT happen (N=382 children)?

73% Did not respond/item left blank

3.2% My child did not become involved in First Steps until after that date had passed.

3% I chose to wait until closer to my child's third birthday

1% I did not know about it.

19% I chose not to have a transition meeting.

TABLE
Part C Annual Performance Report
Status of Program Performance

The following data is for children transitioning from Part C to Part B services:

IF your child will be enrolled in the public school's Early Childhood Special Education Program, did the following happen?

49% The school district was notified about our child during his/her 18th month.

81% The school district was given more information about our child during his/her 30th month.

84% The school district was invited to our 90-day transition meeting.

78% The school sent a representative to the 90-day transition meeting.

79% An evaluation has been done or is scheduled.

69% The IEP meeting has happened or is scheduled.

Data collected during Peer Monitoring Reviews that looked at samples of early intervention records for documentation of transition activities in 12 counties during this reporting period revealed that 55% of the records included documentation of a timely 90-day transition conference; 35% did not document the 90-day conference; and 10% documented a direct referral to the schools for children over 33 months old.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

100% of transition conferences for all children who may be eligible for services under Part B, are held, with the approval of the family, at least 90 days before the child's 3rd birthday.

(Our state improvement plan targets this goal by June 30, 2004.)

TABLE
Part C Annual Performance Report
Status of Program Performance

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003):

Indiana does not currently have in place a means to report precisely on progress toward achievement of this target. While data currently captured from Exit Interviews with families documents if the transition conference was held more than 90 days before 3rd birthdates, we are unable to break out which of those children are eligible for Part B services at this time. This data together with the Part B CIM data indicates that we are not in compliance at this time, but may have made some improvement. The data above does, however, establish baseline data for future reporting on activities that if completed in a timely manner would lead to a smooth transition. In addition, Indiana will complete enhancements to the electronic data system in Summer, 2004 that will allow us to track the date of the 90-day transition conference for every child exiting the system.

Smooth and timely transitions are being emphasized by both Part C and Part B in Indiana. The Part C Coordinator and Part B Consultant working with the Preschool Special Education Coordinators have made themselves available to anyone with a transition challenge and have made several public presentations to demonstrate that we are working on this together at the state level. Communication between Part B and C at the local level and between the local and state level has improved as a result.

Peer Review procedures followed during this reporting period are being reviewed to improve Indiana's ability to focus on monitoring transition activities for children eligible for Part B as Indiana continues to focus improvement efforts in this area.

During investigation of complaints from parents about poor transition planning, program recognized a need for detailed written instructions regarding the service coordinator's responsibilities for transition planning. As a result of ongoing communication between Part C and Part B staff, the need for clarification of the role of the Service Coordinator and EI provider in 90-day transition conferences and the public school district's Case Conference Committee meetings was identified. Future activities related to these issues are described below.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

100% of transition conferences for all children, who may be eligible for services under Part B, are held, with the approval of the family, at least 90 days before the child's 3rd birthday.

TABLE
Part C Annual Performance Report
Status of Program Performance

5.Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

Local Systems Coordination grants will continue to include performance standards related to transition. Support for successful local transition planning will continue to be available to counties requesting technical assistance in this area. Some of the supports are listed here and below.

Required quarterly regional service coordinator meetings will continue to include information to emphasize the importance of and support service coordinators' timely transition planning with families.

First Steps will continue to support the State Transition Team and State Transition Coordinator by contracting with the Unified Training System through September 30, 2004. The Indiana Department of Education also supports this project, and staff participates on the State Transition Team. This resource is available to all counties requesting assistance with local transition planning through on-site technical assistance and resources made available through the State Transition Initiative web-site (linked to the First Steps web-site). In addition, STEPS training will continue to be provided upon county request.

First Steps will continue to fund local transition planning events for families through an application process coordinated by the State Transition Coordinator and the Family Involvement Fund. These events require the applicant to involve parents in the planning process, as well as involve Part B, Head Start, and other community resources in the actual event.

The Part C Coordinator will continue to work closely with Part B staff responsible for Preschool Special Education to identify areas of concern and problem solve together to effect smooth transitions from C to B. Our cooperation includes sharing data regarding 90-day transition conferences and responding to concerns together as they are brought to us. Part B staff is involved in the review of all Part C transition planning and training materials as well.

6.Projected Timelines and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By July, 2003, an Issue Clarification regarding First Steps Transition Meetings and Local Education Agency Case Conference Committee Meetings will be posted on the web-site. This will clarify the role and responsibility of the First Steps Service Coordinator and Providers for each of these transition activities.

By February, 2004, a set of state forms, sample letters, and detailed instructions for Service Coordinators to use for transition planning and reporting will be completed and distributed to all Service Coordinators during required quarterly regional meetings. This is anticipated to support consistent transition planning for all children, as well as provide consistent documentation of the process in each child's EI file.

By April 1, 2004, local grants for systems coordination will include a transition performance standard that will cost the grantee a % of their funds if measurable progress is not made in this area.

In June, 2004, transition training will be provided to all ongoing EI providers at required semi-annual provider forums.

By June, 2004, Part B and C staff will develop procedures for following up on discrepancies in data from each system related to the 90-day transition conferences as they are identified.

By July, 2004, enhancements to the System Point of Entry (SPOE) software will be completed that will allow us to capture the date of the 90-day transition conference. This data element together with the child's date of birth and exit data (to identify the children transitioning from C to B), will allow us to monitor compliance with this requirement more accurately.

TABLE
Part C Annual Performance Report
Status of Program Performance

Performance Indicator CV.II: (for reporting period July 1, 2002 through June 30, 2003): **All children exiting Part C not eligible for Part B services receive the planning necessary to support transition or other community services as appropriate by their third birthday.**

1. Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

From the statewide transition survey pilot (522 mailed to families after transition from Part C) conducted in August, 2002, for families responding (N=74):

- 20% of families responded yes to the question "If your child is 3 years old, recently transitioned from First Steps, but is not receiving early childhood special education services, does your child receive other services such as speech, occupational or physical therapy, child care or preschool services that were facilitated by your service coordinator during the transition process?"

Implementation of data collection from the statewide outcomes evaluation project was November 1, 2002. The exit interview is completed by the service coordinator with the family just prior to the child's exit date. The data below is for the period of November 1, 2002 through June 30, 2003 (N=1738)

The following data is for **all** children exiting Part C..

- As your child and family leave First Steps, what choices have you made for your child: Check all that apply.
 - 30% My child will continue to attend the community childcare or preschool he/she has been attending up to this point.
 - 15% My child will get therapy from a hospital, clinic or private therapist.
 - 10% My child will attend a Head Start Program.
 - 27% (If you checked "Yes" to any of the choices above) a representative from that program did attend our 90-day transition meeting
 - 35% My child will be enrolled in the public school's Early Childhood Special Education program (if turning 3 years old).
 - 18% My child will attend a community childcare or preschool and receive therapy from the school system.
 - 66% My child will continue to stay at home with my family.

2. Targets: (for reporting period July 1, 2002 through June 30, 2003):

50% of families responding to the state transition survey report that their child who is not eligible for services under Part B is receiving other appropriate services by age 3. (Note that this percentage reflects the number of families who may not elect to participate in activities outside of the home.)

TABLE
Part C Annual Performance Report
Status of Program Performance

3. Explanation of Progress or Slippage: (for reporting period July 1, 2002 through June 30, 2003)

This data comes from the pilot of our statewide transition survey during which 74 responses were received from over 500 mailed out to families. While the 20% responding positively to this specific question, is not what we projected, the 50% target was a guess. The data reported above from the Exit Interviews suggests that children exiting Part C are transitioning to other community services. In the data reported under Performance Indicator III, 84% of the families (N=1738) reported that First Steps provided the information the family needed to make choices for their child as they were leaving First Steps. This data supports Indiana's continued efforts to effect smooth transitions for children who are not eligible for services under Part B as they exit Part C.

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

- 85% of families report that First Steps provided the information they needed to make choices for their child as they were leaving Part C.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

Required quarterly regional service coordinator meetings will continue to include information to emphasize the importance of and support service coordinators' timely transition planning with families.

Required provider forums will include training on the ongoing EI provider's role in supporting smooth transitions for all families as they exit Part C.

First Steps will continue to support the State Transition Team and State Transition Coordinator by contracting with the Unified Training System through September 30, 2004. The Indiana Department of Education also supports this project, and staff participates on the State Transition Team. This resource is available to all counties requesting assistance with local transition planning through on-site technical assistance and resources made available through the State Transition Initiative web-site (linked to the First Steps web-site). In addition, STEPS training will continue to be provided upon county request.

First Steps will continue to fund local transition planning events for families through an application process coordinated by the State Transition Coordinator and the Family Involvement Fund. These events require the applicant to involve parents in the planning process, as well as involve Part B, Head Start, and other community resources in the actual event.

6. Projected Timeliness and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By July, 2003, an Issue Clarification regarding First Steps Transition Meetings and Local Education Agency Case Conference Committee Meetings will be posted on the web-site. This will clarify the role and responsibility of the First Steps Service Coordinator and Providers for each of these transition activities.

By February, 2004, a set of state forms, sample letters, and detailed instructions for Service Coordinators to use for transition planning and reporting will be completed and distributed to all Service Coordinators during required quarterly regional meetings. This is anticipated to support consistent transition planning for all children, as well as provide consistent documentation of the process in each child's EI file.

By July, 2004, enhancements to the System Point of Entry (SPOE) software will be completed that will allow us to capture the date of the 90-day transition conference. This data element together with the child's date of birth and exit data (to identify the children transitioning from C to B), will allow us to monitor compliance with this requirement more accurately.

In June, 2004, transition training will be provided to all ongoing EI providers at required semi-annual provider forums.

TABLE
Part C Annual Performance Report
Status of Program Performance

Performance Indicator CV.III: (for reporting period July 1, 2002 through June 30, 2003): **All families receive the support they need to experience a smooth transition as they exit Part C.**

1.Baseline/Trend Data: (for reporting period July 1, 2002 through June 30, 2003. *Use Attachment 1 when completing this cell.*)

From the statewide outcomes evaluation project exit interview data completed by the service coordinator with the family just prior to the child's exit date from November 1, 2002 (implementation date) through June 30, 2003:

- 84% of the families (N=1738) reported that First Steps provided the information the family needed to make choices for their child as they were leaving First Steps

From the statewide transition survey pilot (522 mailed to families after transition from Part C) conducted in August, 2002, for families responding (N=74):

- 85% agreed that all of the possible options for their child's next service setting were presented to them
- 88% agreed that all of the necessary information about moving their child to the next setting was fully explained to them
- 81% agreed that overall, their child's transition experience was positive

2.Targets: (for reporting period July 1, 2002 through June 30, 2003):

100% of IFSPs reviewed during the statewide Peer Monitoring process includes a completed Transition Checklist/Outcome page.

80% of all parents responding to the statewide transition survey report that overall, their child's transition process was positive.

3.Explanation of Progress or slippage: (for reporting period July 1, 2002 through June 30, 2003):

As program expanded the Peer Review Process to examine transition information in EI records, data was not collected as stated in target #1. While the information collected is being used by the counties to develop local improvement plans, what was collected does not represent a valid sample for performance reporting here. Further revisions to the Peer Review Process are expected as a result of our work with NCSEAM expected to begin in January 2004.

The data indicate that our second target was met.

From October 1, 2002, to September 30, 2003, 21 out of 92 counties applied for and received additional funds made available to support local learning opportunities around transitioning from Part C to other services (Part B and other community services) for families.

TABLE
Part C Annual Performance Report
Status of Program Performance

4. Projected Targets: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

- 80% of all parents responding to the statewide transition survey report that overall, their child's transition process was positive.

5. Future Activities to Achieve Projected Targets/Results: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

"Taking Leadership in Community Transitions" regional conferences are scheduled for September 2003. These events will bring together staff from Part C, Part B, Head Start and other community resources to learn from peers and parents where transition is working. Local Transition Teams who've found solutions in their communities by working together will share their challenges and ideas for what works. State level staff from Part C, Part B and Head Start will keynote at each event to set the example for working together to find solutions to the issues resulting in poor transitions for young children. In preparation, transition resources from counties experiencing success in this area will be collected and posted at www.state.in.us/fssa/first_step/ under the Transition Initiative icon.

Local Systems Coordination grants will continue to include performance standards related to transition. Support for successful local transition planning will continue to be available to counties requesting technical assistance in this area. Some of the supports are listed here and below.

Required quarterly regional service coordinator meetings will continue to include information to emphasize the importance of and support service coordinators' timely transition planning with families.

First Steps will continue to support the State Transition Team and State Transition Coordinator by contracting with the Unified Training System through September 30, 2004. The Indiana Department of Education also supports this project, and staff participates on the State Transition Team. This resource is available to all counties requesting assistance with local transition planning through on-site technical assistance and resources made available through the State Transition Initiative web-site (linked to the First Steps web-site). In addition, STEPS training will continue to be provided upon county request.

First Steps will continue to fund local transition planning events for families through an application process coordinated by the State Transition Coordinator and the Family Involvement Fund. These events require the applicant to involve parents in the planning process, as well as involve Part B, Head Start, and other community resources in the actual event.

The Part C Coordinator will continue to work closely with all state agency and community partners to identify areas of concern and problem solve together to effect smooth transitions into, within, and out of Part C.

TABLE
Part C Annual Performance Report
Status of Program Performance

6. Projected Timeliness and Resources: (for NEXT reporting period July 1, 2003 through June 30, 2004 and on going):

By October 1, 2004, "Taking Leadership in Community Transitions" conferences will be held around the state.

By February, 2004, a set of state forms, sample letters, and detailed instructions for Service Coordinators to use for transition planning and reporting will be completed and distributed to all Service Coordinators during required quarterly regional meetings. This is anticipated to support consistent transition planning for all children, as well as provide consistent documentation of the process in each child's EI file.

By February, 2004, a Joint Position Statement Supporting Indiana's Transition Initiative for Young Children will be issued and posted on the web-site.

By March, 2004, ongoing distribution and collection of statewide transition surveys will be implemented. These revised transition surveys will be mailed from the state office quarterly to all families who exited the program the prior quarter.

By April 1, 2004, local grants for systems coordination will include a transition performance standard that will cost the grantee a % of their funds if measurable progress is not made in this area.

In June, 2004, transition training will be provided to all ongoing EI providers at required semi-annual provider forums.

By July, 2004, enhancements to the System Point of Entry (SPOE) software will be completed that will allow us to capture the date of the 90-day transition conference. This enhancement will also provide the local systems the ability to run reports to monitor this important transition activity for all children exiting First Steps in their service delivery area.

ATTACHMENT 1
Cluster Area I: General Supervision
Dispute Resolution – Complaints, Mediations, and Due Process Hearings Baseline/Trend Data
 (Place explanations to Ia, Ib, and Ic on the Table, Cluster Area I, *General Supervision*, Cell I, *Baseline/Trend Data*)

Ia: Formal Complaints						
(1) July 1, 2002 - June 30, 2003 (or specify other reporting period: ___/___/___ to ___/___/___)	(2) Number of Complaints	(3) Number of Complaints with Findings	(4) Number of Complaints with No Findings	(5) Number of Complaints not Investigated – Withdrawn or No Jurisdiction	(6) Number of Complaints Completed/Addressed within Timelines	(7) Number of Complaints Pending as of: ___/___/___ (enter closing date for dispositions)
TOTALS	5	3	2	0	5	N/A

Ib: Mediations					
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)	Number of Mediations		Number of Mediation Agreements		(6) Number of Mediations Pending as of: ___/___/___ (enter closing date for dispositions)
	(2) Not Related to Hearing Requests	(3) Related to Hearing Requests	(4) Not Related to Hearing Requests	(5) Related to Hearing Requests	
TOTALS	0	0	0	0	N/A

Ic: Due Process Hearings				
(1) July 1, 2002 - June 30, 2003 (or specify alternate period: ___/___/___ to ___/___/___)	(2) Number of Hearing Requests	(3) Number of Hearings Held (fully adjudicated)	(4) Number of Decisions Issued after Timelines and Extension Expired	(5) Number of Hearings Pending as of: ___/___/___ (enter closing date for dispositions)
TOTALS	0	0	0	N/A

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

INDIANA
State

07/01/2002 to 06/30/2003
Reporting Period

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Federal Part C	\$7,563,937		All Services and Activities		We continue to have concerns about the basis for Part C fund allocations on state population rather than numbers of eligible infants and toddlers served.
Federal* (Specify)					
Medicaid Federal	\$7,346,876		EI Medical Services, Intake, Eligibility, Claims, Personnel Development & Training, Quality Assurance, Child Find, System Coordination		
TANF Federal	\$11,365,023		EI Non-Medical Services		We continue to have concerns that there will be competition among programs for TANF federal funds given the slow economy.

*Be sure to include all sources of Federal, State, and/or local programs, including: Maternal & Child Health (Title V), Medicaid, Developmental Disabilities, Head Start, TriCare, Part B, etc.

ATTACHMENT 2

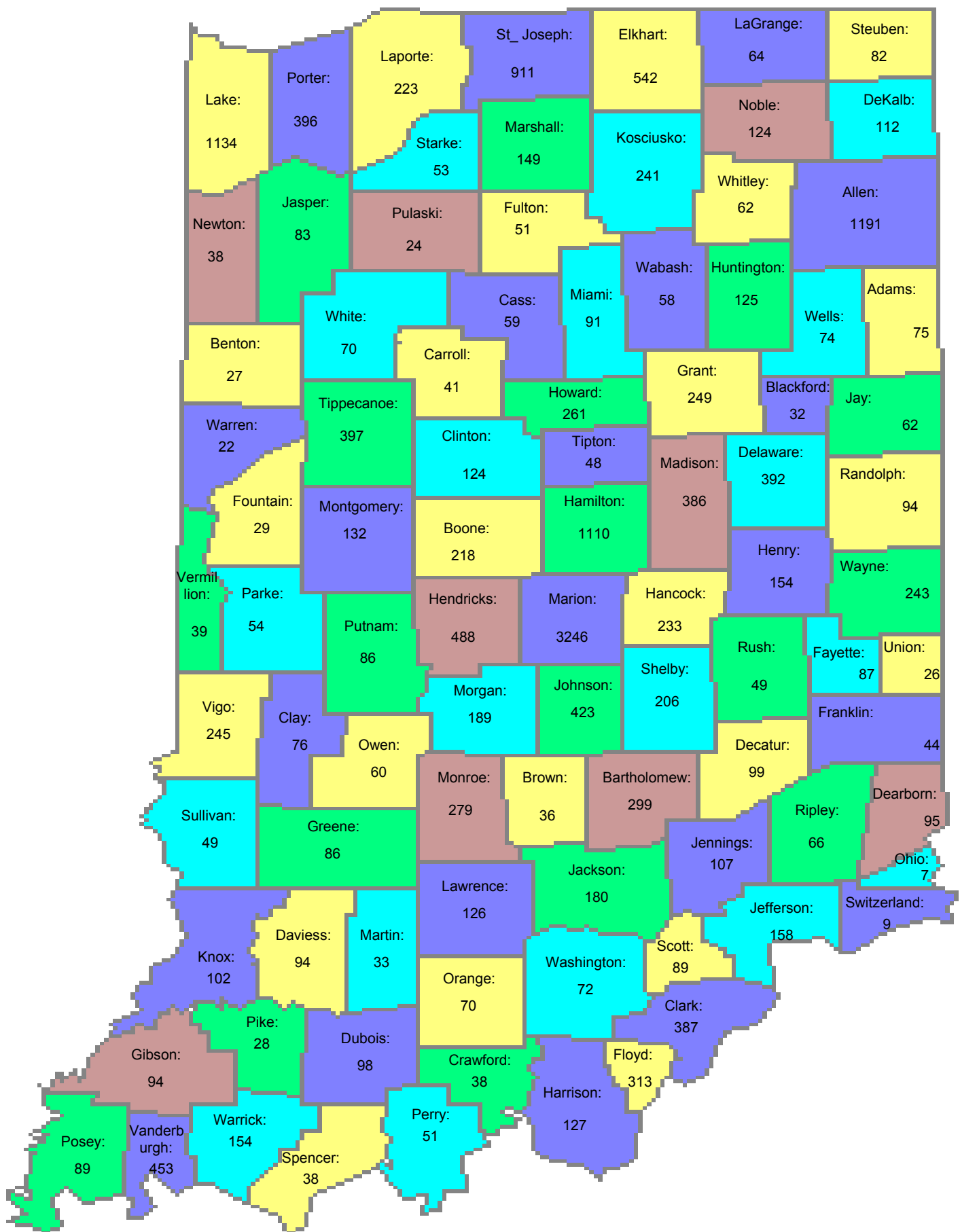
**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
State* (Specify)					
Early Intervention	\$8,832,412		All Services and Activities		
Medicaid State	\$3,507,078		El Medical Services, Intake, Eligibility, Claims, Personnel Development & Training, Quality Assurance, Child Find, System Coordination		
SSBG State Supplement	\$11,113,192		All Services		
TANF State	\$14,969,639		El Medical Services		
MCH/CSHCS State	\$124,473		Intake and Eligibility		
Local* (Specify)					

ATTACHMENT 2

**ALL SOURCES OF FUNDING FOR EARLY INTERVENTION SERVICES:
IDENTIFICATION AND COORDINATION OF RESOURCES**

Funding Sources and Supports During the Reporting Period					
Sources of Funding	Amount of Funding	In-Kind Contribution	Services and/or Activities Supported by Each Source	Barriers to Accessing Funds	Comments
Private Insurance, Fees				While Indiana is making progress eliminating some of the barriers reported on the last APR, HIPAA requirements for electronic transactions with third party payors is a challenge when early intervention services cannot be cross-walked to existing CPT codes.	Indiana implemented Family Cost Participation in April, 2003. The initial billing and collection of these fees is scheduled for September, 2003. Indiana expects to begin billing private insurance for families giving consent in 2004.
Other(s) Non-Federal (Specify)					
Voluntary Family Co-payments	\$294		All Services		
Total Early Intervention Support	\$64,822,923				

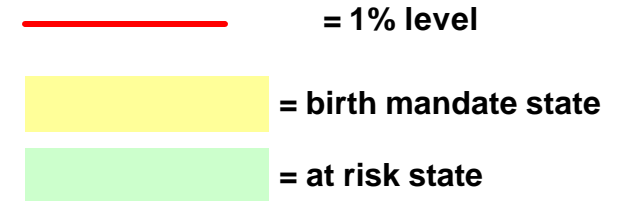


BROAD ELIGIBILITY

State	Percentage
Hawaii	12.40
Massachusetts	2.99
Indiana	2.09
Virginia	1.95
Delaware	1.90
West Virginia	1.70
New Mexico	1.59
Florida	1.51
Wyoming	1.37
Pennsylvania	1.22
New Hampshire	1.21
Kansas	1.18
Vermont	1.16
Arkansas	1.15
Maryland	1.01
Wisconsin	0.92
Michigan	0.91
Mississippi	0.84
Maine	0.83
Iowa	0.79
Minnesota	0.72
Colorado	0.69
North Carolina	0.63
Ohio	0.63
South Dakota	0.60
Louisiana	0.50
Washington	0.44
Alabama	0.38

IDEA Part C

Percentage of all children under the age
of one receiving services 12/1/2002
(includes at-risk)



MODERATE ELIGIBILITY

State	Percentage
Rhode Island	1.81
New York	1.13
Connecticut	1.08
California	1.07
Tennessee	1.04
Idaho	1.04
Texas	0.82
Utah	0.82
Kentucky	0.82
Nebraska	0.77
Illinois	0.71
New Jersey	0.55
Oregon	0.52
Georgia	0.44
South Carolina	0.35

NARROW ELIGIBILITY



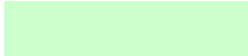
State	Percentage
Oklahoma	1.33
Montana	1.20
North Dakota	0.85
Alaska	0.83
Missouri	0.56
Arizona	0.53
Nevada	0.35
District of Columbia	0.32

BROAD ELIGIBILITY

State	Percentage
Massachusetts	2.83
Hawaii	2.70
Virginia	1.95
Delaware	1.90
Indiana	1.76
Florida	1.51
Wyoming	1.37
West Virginia	1.28
Pennsylvania	1.22
New Hampshire	1.20
Kansas	1.18
Vermont	1.16
Arkansas	1.15
Maryland	1.01
Wisconsin	0.92
Michigan	0.91
Mississippi	0.84
Maine	0.83
Iowa	0.79
Minnesota	0.72
Colorado	0.69
Ohio	0.63
South Dakota	0.60
New Mexico	0.55
Louisiana	0.50
North Carolina	0.47
Washington	0.44
Alabama	0.38

IDEA Part C

Percentage of all children under the age of one receiving services 12/1/2002
(excludes at-risk)

	= 1% level
	= birth mandate state
	= at risk state

MODERATE ELIGIBILITY

State	Percentage
Rhode Island	1.81
New York	1.13
Connecticut	1.08
Tennessee	1.04
Idaho	1.04
California	0.99
Texas	0.82
Utah	0.82
Kentucky	0.82
Nebraska	0.77
Illinois	0.71
New Jersey	0.55
Oregon	0.52
Georgia	0.44
South Carolina	0.35

NARROW ELIGIBILITY

State	Percentage
Oklahoma	1.33
Montana	1.20
North Dakota	0.85
Alaska	0.83
Missouri	0.56
Arizona	0.53
Nevada	0.35
District of Columbia	0.32